

FILING ADMINISTRATIVE REGULAT WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JUL 31 1957

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.1)

JUL 31 1957

Division of Administrative Procedure
DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: July 30, 1957

By:

George F. Wyman

Director
(Title)

FILED

in the Office of the Secretary of State
of the State of California

JUL 31 1957

At 4 o'clock P.M. CB

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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F-525 REQUIREMENTS FOR FEDERAL PARTICIPATION - ANC

F-525

Federal participation in ANC is available for cases in which the following requirements are met:

1. The child is living in the home of a relative.
2. The payee is one of the following:
 - a. The relative in whose home the child is living
 - b. The legal guardian of the relative with whom the child is living
 - c. In an emergency, a person acting temporarily for the relative with whom the child is, or was, living.

In addition, federal participation is available in the payment of assistance for any one of the needy relatives specified in Item A with whom the federally eligible child is living, providing the following requirements are met:

1. The relative with whom the child is living is exercising primary responsibility for the care and control of the child.
2. The relative is not receiving any other form of categorical assistance.
3. A money payment is made for the child for the month in which federal participation is claimed for the relative.

(FSS Admin.)

These Regulations are designated to become effective September 1, 1957.

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CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULA
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

IS

W&IC 103, 103.1, 2140, 2142.5

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
722 CAPITOL AVENUE
SACRAMENTO 14
July 17, 1957

DEPARTMENT BULLETIN NO. 542 (OAS)

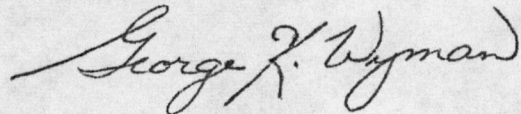
TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Increase in OAS
Grant Based on
Need Notice

An envelope stuffer OAS notice, attached sample, is
to be inserted in all envelopes with the August 1957 OAS checks.

An adequate supply in printed form of this one-time-
use notice is being forwarded to all counties.

Very truly yours,



George K. Wyman
Director

Attachment

DO NOT WRITE IN THIS SPACE

Notice to Recipients of Old Age Security Assistance

A law was passed by the California Legislature allowing up to \$105.00 a month, based on need, for each recipient of Old Age Security assistance after October 1, 1957. This law will assist recipients who have needs greater than \$89.00 but who have no income or who have income less than \$16.00 a month.

If you do not have any income or if your income is less than \$16.00 and you have special needs, you should ask your social worker if all or any part of your special needs can be paid for by this money. However, no additional aid can be given until October 1, 1957.

(Above will be printed on 2" x 5½" stock.)

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

AUG 9 - 1957

Division of Administrative Procedure

ENDORSEDAPPROVED FOR FILING
(GOV. CODE SECTION 11380.1)

AUG 12 1957

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: August 9, 1957

By:

George K. Wymann

Director

(Title)

FILEDin the Office of the Secretary of State
of the State of California

AUG 12 1957

At 12:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *John J. Hagerty*
Assistant Secretary of State

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B-227.50 INVESTIGATION OF UNDERPAYMENTS - ANB-APSB

B-227.50

If it appears that an underpayment may have occurred, a determination is made as to whether underpayment actually occurred. If so, the following determinations are made:

1. The period and amount of underpayment;
2. The amount, if any, of underpayment which resulted from administrative error or inadvertence (See Sec. B-227.51);
3. The amount of retroactive aid due, if any.

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These Regulations are designated to become effective SEP 11 '57

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

B-227.63 DELAYED PAYMENT - ANB-APSB

B-227.63

If underpayment occurred because of delayed delivery of a payment due to a change of address of the recipient, a change of payee, or suspension action, underpayment is to be adjusted by release of the warrant before the end of the second month following that for which it was issued.

B-227.61 Payment of Retroactive Aid ANB-APSB
(Repealed)

B-227.61

B-227.62 Corrective Payment - ANB-APSB
(Repealed)

B-227.62

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Regulations

AID PAYMENTS

B-227.52

B-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR OR INADVERTENCE -
ANB-APSB

B-227.51

Definitions

"Full amount of underpayment" as referred to in W&IC Sec. 103.3, Item f, is the net underpayment after balancing against unadjusted overpayments, if any, as provided in Regulation Sec. B-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Sec. 103.3 (f) is an underpayment to a recipient due to one or more of the following mistakes made by the county administering the aid:

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to pay aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake involving the exercise of discretion in the determination of facts, or the application of a statute or regulation to those facts, or which depends upon the existence of evidence not in the possession of the county at the time the alleged mistake was made. (See Sec. B-227.60, Item 3, regarding Underpayments Resulting from Other Causes.)

B-227.52 UNDERPAYMENT DUE TO ERRONEOUS DENIAL ACTION - ANB-APSB

B-227.52

Definition

An "erroneous denial" is a denial action taken:

1. Before all reasonable investigation has been completed, or
2. When the county has overlooked or misinterpreted evidence in their record which would have established eligibility of the applicant.

CALIFORNIA-SDSW-MANUAL-AB

Issue No. 22-57 Effective September 11, 1957

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Regulations

AID PAYMENTS

B-227.60

B-227.60 ADJUSTMENT OF UNDERPAYMENT BY AUTHORIZATION OF RETROACTIVE AID -
ANB-APSB

B-227.60

Definition

Retroactive aid is aid authorized in a subsequent month for some preceding month or months.

ADJUSTMENT BY COUNTY ADMINISTRATIVE ACTION

Underpayment is adjusted by administrative action authorizing payment of retroactive aid under the circumstances prescribed below and within the time limits specified.

1. Underpayment resulting from an administrative error or inadvertence (see Sec. B-227.51).

Such underpayment to a recipient (including underpayment resulting from a discontinuance due to administrative error or inadvertence) is to be adjusted as provided in W&IC Sec. 103.3, Item f.

2. Underpayment resulting from an erroneous denial (see Sec. B-227.52).

Such underpayment is to be adjusted provided:

- a. The erroneous action comes to the county's attention within 120 days after the date of notification to the applicant of the denial, and
- b. The retroactive aid can be authorized before the end of the sixth month following that in which the erroneous action occurred.

3. Underpayment resulting from other causes.

Underpayment which did not result from "administrative error or inadvertence" or from "erroneous denial" is to be adjusted in accord with whichever of the following circumstances is appropriate:

- a. Recipient Eligible to a Larger Grant than that Authorized

If aid is paid in the amount authorized but it is later determined that the recipient was eligible for a greater amount (as determined in accord with Sec. B-221), the underpayment is to be adjusted, provided the additional amount due can be authorized before the end of the sixth month following the month for which the recipient was underpaid.

Medical need which can be included in the grant only as a retroactive payment is to be adjusted (subject to the six-month limitation) regardless of the amount of the underpayment. Underpayment of \$2.00 or less for a particular month resulting from a cause other than such medical need is adjusted only when a necessary increase of \$2.00 or less in the continuing grant (see Sec. B-226, Changes in Amount of Payment) was not made effective until after the second month following that in which the changed circumstances were reported. Payment of retroactive aid in such circumstances shall begin with such second month.

(Continued)

CALIFORNIA-SDSW-MANUAL- AB

Revision 195

Effective September 11, 1957

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B-227.60

AID PAYMENTS

Regulations

B-227.60 (Continued)

B-227.60

b. Aid Properly Denied or Discontinued

If within 120 days after date of applicant's or recipient's notification of a proper denial or discontinuance, the county obtains additional information which indicates eligibility existed for the denied or discontinued payments, the underpayment is to be adjusted provided:

- (1) The applicant or recipient met his responsibility for reporting promptly all facts required of him pursuant to W&IC Section 103.3, Item b; and
- (2) The retroactive aid can be authorized before the end of the sixth month following that in which the discontinuance or denial action occurred.

(The authorization is to be in the amount to which the person was eligible and for the period during which he would have received aid if such aid had been granted or continued instead of denied or discontinued.)

c. Incorrect Beginning Date

If aid is not authorized in accord with the W&IC and regulations governing the beginning date and underpayment occurs on a new case, a restoration, an inter-county transfer, or a transfer between ANB-APSB, and OAS such underpayment is to be adjusted provided the amount due can be authorized before the end of the sixth month following the month in which aid was to have begun.

ADJUSTMENT BY THE APPEAL PROCESS

Underpayment (regardless of cause) shall be adjusted by authorization of aid in the amount and for the period ordered by the SSWB or agreed to by the SDSW (see Secs. 055.3 and 055.4).

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Regulations.

DETERMINATION OF NEED

A-202

A-201 DETERMINATION OF NEED - GENERAL

A-201

The total need of an applicant or recipient is the money amount necessary to provide those items of support set forth in the subsequent sections of this chapter as basic needs and special needs. (See Sec. A-205 - Determination of Need for Medical Care - General.)

The county is responsible for reviewing needs with the applicant or recipient and for identifying any special needs he may have. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

Total need is computed by adding the cost (within the limitations specified in this chapter) of any special needs he may have to the allowance for basic needs.

Exceptions:

1. Pursuant to W&IC Sec. 2016, special need is allowed for items purchased from a responsible relative only when the cost to the relative of such items is in excess of the basic allowance.
2. Total need for a recipient who is in a boarding home, nursing home, or public medical institution is determined in accord with Secs. A-204.11, A-206.3 and A-206.7.

A-202 BASIC NEEDS COMMON TO ALL RECIPIENTS

A-202

The following basic items of need are considered to be common to all recipients and to be provided by the maximum OAS grant in the amounts and to the extent specified:

Food	\$28.50 - For food in the normal amount and of a kind necessary to maintain health and vigor.
Housing and Utilities	21.30 - For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration, and heat needed to maintain health and comfort.
Household Maintenance	4.50 - For ordinary upkeep and occasional replacement of small items of household equipment and supplies.
Clothing	7.70 - For adequate, healthful clothing.
Transportation	6.00 - For transportation for social and ordinary shopping purposes.
Incidentals	13.50 - For hair care, personal toilet articles, dry cleaning, tobacco, etc.
Education and Recreation	3.50 - For participation in community activities, adult education courses, hobbies, crafts, reading materials, movies, stationery, postage, etc.
Household Remedies	4.00 - Medicine chest and commonly used home drug supplies which are not provided from the Medical Care Fund. (See Sec. A-205.)
TOTAL	<u>\$89.00</u>

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A-204.03 SPECIAL NEED FOR FOOD

A-204.03

When a doctor or practitioner recommends a special diet the amount shown on the current SDSW Therapeutic Diet Schedule, is allowed.

When circumstances require that the recipient eat all of his meals in restaurants, an additional \$31.50 monthly is allowed. When he eats some but not all of his meals in restaurants, a lesser amount is allowed depending on the individual circumstances.

A-204.11 SPECIAL NEED FOR BOARD AND PERSONAL CARE

A-204.11

When a recipient is in an aged boarding home and receives some personal care (but not nursing care), the amount charged for support and care, not to exceed \$150 monthly, is allowed in lieu of any basic allowances for food, housing, utilities and household maintenance, and to cover the cost of personal care. In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation and household remedies, a flat amount of \$35 is allowed. Medical needs and special needs for transportation are also allowed under the conditions specified in Secs. A-204.17, A-205 and A-206.

When the cost of board and personal care exceeds \$150 a month the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: On the determination that adequate care cannot be secured within the ceiling, an additional allowance may be made.

A-204.15 SPECIAL NEED FOR HOUSEHOLD EQUIPMENT

A-204.15

When purchase or repair of essential household furniture or equipment is necessary, the cost, not to exceed a reasonable amount for which a new item may be purchased or service of a type which will meet the recipient's need can be obtained, is allowed. Prior county concurrence on the plan for purchase or repair is to be encouraged but is not required as a condition for making the allowance.

A-204.27 SPECIAL NEED FOR TELEPHONE

A-204.27

The cost for a telephone is allowed when a telephone is not otherwise readily available on the premises where the recipient resides. The amount allowed shall not exceed the actual cost to the recipient or the minimum monthly rate for which a telephone is available in the community or area where the recipient resides, whichever is less.

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A-205

DETERMINATION OF NEED

Regulations

A-205

DETERMINATION OF NEED FOR MEDICAL CARE - GENERAL

A-205

Definition

Medical care includes diagnostic, preventive, corrective and curative services, and supplies essential thereto provided by practitioners (see Sec. MC-014 contained in Appendix-Medical Care) for conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity or for conditions which may develop into some significant handicap.

A-205.10 METHODS OF PROVIDING MEDICAL CARE

A-205.10

Needed medical care is provided through sources specified by Secs. A-205.11 to A-205.13 inclusive.

A-205.11 USE OF COMMUNITY RESOURCES

A-205.11

Community resources which are available to an applicant or recipient at no cost to him are to be utilized in preference to special need allowance to the recipient or payment from Medical Care Fund.

A-205.12 USE OF SPECIAL NEED ALLOWANCE

A-205.12

1. The cost of an item of medical care of a type covered by the Medical Care Fund shall be allowed as a special need (see Sec. Medical Care, and Special Need for Medical Care, Secs. A-206 through A-206.94), rather than paid from the fund whenever the recipient's aid payment (see Sec. A-221) and income for the month will be sufficient to meet his total need including the cost of the particular item of medical care. (For exception see Sec. A-205.13.) Such special need allowance is subject to the same limitations on quantity, frequency and cost as would apply if the Medical Care Fund were utilized.
2. The cost of an item of medical care of a type not covered by the Medical Care Fund is allowed as special need within the limitations and conditions specified in Secs. A-206.1 through A-206.11.

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CALIFORNIA-SPDW-MANUAL-OAS

Revision 215

Effective October 1, 1957

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(Pursuant to Government Code Section 11380.1)

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DETERMINATION OF NEED

A-206

A-205.13 USE OF MEDICAL CARE FUND (SEE SEC. _____ APPENDIX -
MEDICAL CARE)

A-205.13

1. The cost of an item of medical care of a type covered by the fund will be paid from the Medical Care Fund when the recipient's grant and income for the month would not be sufficient to meet his total need including the full cost for the particular item of medical care.
2. The cost of an item of medical care of a type covered by the fund will be paid from the fund without regard to the possibility of including it as a special need allowance in the grant (see Sec. A-205.12, Item 1) when:
 - a. The bill is for drugs or medical supplies. (If the recipient has in fact, paid the vendor for the drugs and/or medical supplies and an increase in his OAS grant is possible, special need will be allowed for the drugs, and/or medical supplies subject to the same limitations as if the medical care fund were to be utilized. In such case, the recipient is advised that future allowance for drugs will be met only from the Medical Care Fund.)
 - b. Payment of aid is withheld or suspended because of a question concerning the amount of the recipient's grant. (See Secs. A-226.10 and A-226.12.)
 - c. Aid is discontinued for one or two months as an adjustment for overpayment as provided in Sec. A-227.10.

A-205.20 CHOICE OF PRACTITIONER

A-205.20

When medical care is to be provided as an item of special need or through the Medical Care Fund, the recipient has free choice of any practitioner in group or individual practice or in a public or voluntary clinic provided such practitioner 1) meets the requirements set forth in Sec. _____, Medical Care, and 2) is willing to render service under the conditions set forth by the SSWB to govern the Medical Care Program (see _____ Medical Care).

A-206 SPECIAL NEED FOR MEDICAL CARE

A-206

The items and services which are allowed as special medical needs pursuant to Sec. A-205.12 are listed in Secs. A-206.1 through A-206.94.

CALIFORNIA-SDSW-MANUAL-OAS

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Effective October 1, 1957

A-206.1 SPECIAL NEED FOR DOCTOR'S AND PRACTITIONER'S SERVICES

A-206.1

When a recipient receives diagnosis or treatment as defined in Sec. A-205, the amount required to purchase such service is allowed subject to the same limitations on quantity, frequency, prior authorization, and cost, as apply when payment for such service is made from the Medical Care Fund (see Sec. _____ Medical Care). The cost of practitioner's services for illnesses not covered by the Medical Care Fund are allowed as special need.

A-206.2 SPECIAL NEED FOR LABORATORY SERVICES AND X-RAYS

A-206.2

When laboratory services or X-rays are recommended by qualified practitioner (MC-014 - Appendix, Medical Care) the cost of such service is allowed as special need subject to the same limitations on prior authorization, cost, etc., as apply when payment is to be made from the Medical Care Fund. (See Sec. _____ Medical Care.)

A-206.3 SPECIAL NEED FOR NURSING CARE

A-206.3

When a recipient is in an aged boarding home or a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of any basic allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

- A. For those recipients who require some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is \$200.
- B. For those recipients who require extensive nursing care and supervision, the maximum allowance is \$255.

In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation, and household remedies, a flat amount of \$35 is allowed. Medical needs and transportation are allowed under the conditions specified in Secs. A-204.17, A-205 and A-206.

If a private room is recommended, the cost, not to exceed \$50 monthly, is added to the maxima specified in A and B above.

When the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: When there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, but not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

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DETERMINATION OF NEED

A-206.7

A-206.4 SPECIAL NEED FOR HOME NURSING CARE

A-206.4

When a recipient receives services of a private nurse in his own home or through a visiting nurse association, and such nursing service is prescribed by a qualified practitioner, the amount required to pay for such service is allowed subject to the same limitations on quantity, prior authorization requirements, fee schedules, etc., as would apply if payments were made from the Medical Care Fund. (See Sec. _____ Medical Care.)

A-206.5 SPECIAL NEED FOR PRIVATE HOSPITAL CARE

A-206.5

When private hospital care is recommended by a doctor or practitioner and the type of care is not available for less in the community, the cost is allowed as a special need. Private hospital care also includes care rendered in a public hospital if recipient pays for care at private care rate and is attended by his own physician.

A-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE

A-206.6

When the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed \$6 monthly, is allowed as a special need. Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) is not allowed as a special need.

A-206.7 SPECIAL NEED FOR CARE IN A PUBLIC MEDICAL INSTITUTION

A-206.7

Recipient

When a recipient enters a public medical institution as a "patient" the amount charged for care in such institution is allowed as a special need.

When the recipient remains a "patient" in such institution for more than a temporary period, i.e., two calendar months, need at the expiration of such temporary period is determined by allowing the amount charged for care in the institution in lieu of all basic allowances except incidentals. In addition, \$13.50 is allowed for personal and incidental needs not furnished by the institution. Medical needs not provided by the institution are also allowed under the conditions and within the maxima specified. (See Secs A-205 and A-206)

Applicant

When an applicant (or recipient requesting restoration) is a "patient" in a public medical institution at the time aid is granted, need is determined in the manner specified above for the recipient who remains in the institution for more than a temporary period.

CALIFORNIA-SDSW-MANUAL-OAS

Revision 218

Effective October 1, 1957

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A-206.8 SPECIAL NEED FOR PROSTHETIC APPLIANCES AND EQUIPMENT

A-206.8

When a qualified practitioner recommends the use of a prosthetic appliance sick room equipment, etc., the cost is allowed as a special need.

A-206.9 SPECIAL NEED FOR DENTAL CARE

A-206.9

When a recipient receives dental care, the cost, not to exceed the fee schedule applicable to Medical Care Fund payments is allowed. (See Sec. Medical Care.)

A-206.92 SPECIAL NEED FOR EYEGLASSES

A-206.92

If a physician or optometrist recommends the use of eyeglasses, the cost of refractions and of eyeglasses, not to exceed the following maxima, are allowed as special needs.

Refraction	\$15.00
Bifocal (or cataract) lenses - each lens	10.00
Single vision lenses - each lens	5.00
Tinted lenses - additional for each lens	2.00
Prism - additional for each lens	2.00
Frames	7.50

(Sales tax and carrying charges, if any, are added to the above maxima.)

Special need may be allowed for more than one type of glasses only when correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

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DETERMINATION OF NEED

A-207.3

A-206.94 SPECIAL NEED FOR HEARING AIDS

A-206.94

When an otologist states that the recipient will benefit from use of a hearing aid, the cost, not to exceed the following maxima, is allowed as a special need:

Examination by otologist	-	\$ 10.00
Hearing Aid	-	175.00
Monthly upkeep on hearing aid	-	5.00

(Sales tax and carrying charges, if any, are added to the above maxima.)

If the otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid costing more than the maximum, the actual cost of the type of hearing aid needed is allowed.

A-207 SPECIAL NEED TO MEET PAYMENTS ON DEBTS

A-207

Allowance is made for payment on debts under the conditions specified in Secs. A-206.1 through A-206.4. Exception: Allowance is not made for payments on any debt (secured or unsecured) when such debt resulted from receipt of public assistance including public medical care or care in a public medical institution.

A-207.1 DEBTS INCURRED BEFORE DATE OF APPLICATION

A-207.1

Allowance is made for payments on debts secured by a current necessity before the date of application; e.g., the home, essentials such as household equipment, automobiles, hearing aids, prosthetic appliances, etc., irrespective of the purpose for which the debt was incurred. (See Secs. A-204.05 and A-204.17)

A-207.2 DEBTS INCURRED WHILE APPLICANT OR RECIPIENT

A-207.2

Allowance is made for payments on debts incurred or increased after application for aid or while receiving aid if the debt was incurred or increased to pay for an item allowable as a special need. Exception: When a recipient's grant has included a special need allowance for the item and the grant plus income has met total need, such amounts are not allowed for payment on a debt for the same item.

A-207.3 MAXIMUM ALLOWANCES FOR PAYMENTS ON DEBTS

A-207.3

The total allowance for payments on any debt incurred or increased after application to pay for an item for which a maximum special need allowance is specified is not to exceed that maximum. For types of medical care for which no maximum is specified the total allowance on debt contracted to pay for any one illness occurring in a single year is not to exceed \$500.

CALIFORNIA-SDSW-MANUAL-OAS

Revision 220

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A-207.4

DETERMINATION OF NEED

Regulations

A-207.4 TIME LIMIT FOR PAYMENTS ON DEBTS

A-207.4

Allowance for payments on all unsecured debts is limited to a period of 24 months following the month in which the need occurred whether or not full allowance for payment of the debt can be made in this time limit. If a recipient converts such a debt to one secured by his home or some other current necessity, the same time limit applies.

Special need allowances for payments on all debts (secured or unsecured) begin with the month in which the debt is reported. Exception: When the report is made as soon as could reasonably be expected under the circumstances stated in Sec. A-221, allowance for payment on such debts is made beginning with the month following the occurrence which gave rise to the debt.

A-208 EVIDENCE OF SPECIAL NEED

A-208

Before a payment which includes a special need allowance is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met;
2. The monthly cost and/or the total cost of the need;
3. The proportion of the cost which should be borne by the recipient if the need is shared by others in the household;
4. The period, if predictable, over which the need will continue.

The cost of needs which are fluctuating and/or unpredictable in their occurrence and amount monthly. The cost of other special needs will be redetermined as often as necessary, considering the type of need and the potential for change.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-OAS

Revision 221

Effective September 11, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

A-221

A-221 AMOUNT OF AID PAYMENT

A-221

Aid is to be paid monthly, subject to the limitations of W&IC 2020, and 2020.002 in the amount determined as follows:

1. If the recipient's current net income received in the month (as determined in accord with Chapter A-21) is \$16 or more, the amount of such income is subtracted from the amount of his total need for the month (as determined in accord with Chapter A-20). The resultant figure, or \$89, whichever is less, is the amount of the grant.
2. If there is no income or the recipient's current net income received in the month is less than \$16, the amount of such income is subtracted from his total need or from \$105, whichever is less. The resultant figure is the amount of the grant.

Exception: The interest payment on a trust deed, mortgage or promissory note received as a result of real property sold pursuant to W&IC Sec. 2165d is earmarked income which, after a home is purchased, must be applied on the home. Therefore, such income is available to apply on other needs only until the month in which the home is purchased and after full payment on the home is completed (see Sec. A-204.05).

Payment is to be authorized, changed, suspended, denied or discontinued by use of Form AG 278 or an approved substitute. (See Sec. A-025.25, Form AG 278.)

(Continued)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-OAS

Revision 232

Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-221

AID PAYMENTS

Regulations

A-221 (Continued)

A-221

In determining the amount of the aid payment for a particular month, all income and those special needs which existed and were reported before the end of that month are considered. Exceptions: 1) When the change could not have been known or reported before the end of the month because it occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month. 2) When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected. 3) When a medical care claim form (see Sec. _____, Medical Care) is submitted by a vendor on behalf of the recipient, the reporting requirement is met whether the medical need is to be allowed as a special need to the recipient or as a payment to the vendor from the Medical Care Fund (see Sec. A-205).

Any deficiency in a previous month between total need and the sum of the grant and the income is not to be carried forward and allowed as need in a subsequent month.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-OAS

Revision 233

Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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Regulations

AID PAYMENTS

A-222

A-222 MONEY PAYMENT PRINCIPLE

A-222

Aid is to be paid by warrant immediately redeemable at par. Warrants are to be made payable to the recipient or his legal guardian with no restriction or control expressed or implied on expenditure of the money. The aid payment is intended for the benefit of the recipient only and does not constitute income to any other person.

No payments are to be made to a guardian who is accountable to the assistance agency or to a public institution responsible for providing care for the recipient.

A restricted payment is one in which an express or implied requirement is made of the recipient that delivery of the aid warrant is contingent upon making certain or specified payments from the aid granted. A restricted payment is not subject to federal and state participation.

The warrant is to be delivered to the recipient through the United States Mail to the address at which he customarily receives mail, or otherwise delivered to him according to his instructions. Delivery is to be made only to the recipient unless delivery to another person is expressly requested by the recipient. No requirement may be imposed which necessitates the warrant being delivered to, or cashed by, or cashed in the presence of a specified person other than the recipient or his guardian. (See Appendix Fiscal Manual Sections, Sec. F-310, Rules Governing Aid Payments.)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL- OAS

Revision 234

Effective September 11, 1957

CONTINUATION SHEET
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Regulations

AID PAYMENTS

A-226

A-226 CHANGES IN AMOUNT OF PAYMENT

A-226

Whenever any change in the circumstances requires a change in the grant, the appropriate increase or decrease is made effective as soon as possible. (See Sec. A-227.10, Adjustment Period.)

Exceptions:

1. Decrease: Where the required change is a decrease of \$2 or less, it shall be effective not later than the second month following that in which the changed circumstances were reported, and no adjustment is to be made for overpayment of \$2 or less in the month of reporting or in the following month.
2. Increase: When the change in circumstances will continue for only one or two months, and the amount of the increase would be \$2 or less, no change is made in the continuing authorization. Additional payment for medical need is made as provided in Secs. A-205 and A-206, regardless of the amount.

If a change in eligibility status, income or need is known in advance, any necessary change in the amount of payment is made effective with the month in which the changed circumstances will occur.

If a recipient's circumstances change to the extent that he no longer meets the eligibility requirements, aid is discontinued effective the last day of the month for which the last payment was made.

CALIFORNIA-SDEW-MANUAL- OAS

Revision 236

Effective October 1, 1957

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
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A-227

AID PAYMENTS

Regulations

A-227 OVERPAYMENT AND UNDERPAYMENT

A-227

Overpayment occurs if a) the recipient was not entitled to payment because he did not meet eligibility requirements on the first of the month for which a payment was made, or b) he was eligible but the amount of the payment, exceeded the amount to which he was eligible for that month as determined in accord with Sec. A-221. (If a recipient was not entitled to a vendor payment made on his behalf from the Medical Care Fund, a Medical Care Fund overpayment exists. This has no effect on the amount of the OAS grant to which the recipient is eligible or on the amount of any OAS overpayment which may have occurred.) (See Secs. A-227.10 and A-227.20.)

Underpayment occurs if, a) the applicant or recipient did not receive a payment for which his eligibility had been determined; or, b) he received a payment in an amount less than that to which he was eligible for that month as determined in accord with Sec. A-221.

A-227.10 ADJUSTMENT PERIOD

A-227.10

The adjustment period for a particular overpayment is the month of payment and the two months following (when the recipient continues eligible). An adjustable overpayment is to be adjusted to the greatest extent possible in the first of the two months following the month of overpayment. The amount to be adjusted is limited to the amount of overpayment occurring in the adjustment period. (These limitations are not applied if the grant offset method is used to liquidate repayment due from a currently eligible recipient who has liquid assets. See Sec. A-229, Grant Offset for Overpayment.)

When overpayment occurs in the OAS grant in the same month there is overpayment because of payment from the Medical Care Fund, the amount to be adjusted is limited to the overpayment in the OAS grant occurring in the adjustment period. Right to request repayment of the overpayment from the Medical Care Fund is determined in accord with Sec. _____, Medical Care.

Adjustment is to be made by discontinuance or decrease, or in lieu of such action, by a current cash adjustment in the amount which could have been adjusted by the discontinuance or decrease. (See Appendix Fiscal Manual Sections, Sec. F-400, B.)

A-227.20 RIGHT TO DEMAND REPAYMENT

A-227.20

The right exists to demand repayment in the amount which is unadjusted or unadjustable in the adjustment period if overpayment is due to failure of the recipient to report facts, unless he had no knowledge of the facts or was misinformed or not informed of his responsibility to report. (See Appendix Fiscal Manual Sections, Sec. F-410, Demand for Repayment.)

When aid is discontinued at the end of the month in which the recipient became ineligible to any grant, right to demand repayment of any overpayment in that month does not exist.

(Right to request repayment for a vendor payment from the Medical Care Fund for which the recipient was not eligible is determined in accord with Sec. _____, Medical Care.)

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Revision 237

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CONTINUATION SHEET
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Regulations

AID PAYMENTS

A-227.51

A-227.50 INVESTIGATION OF UNDERPAYMENTS

A-227.50

When it appears that an underpayment may have occurred, a determination is made as to whether underpayment actually occurred. If so, the following determinations are made:

1. The period and amount of underpayment;
2. The amount, if any, of underpayment which resulted from administrative error or inadvertence (see Sec. A-227.51);
3. The amount of retroactive aid due, if any.

A-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR OR INADVERTENCE

A-227.51

Definitions

"Full amount of underpayment" as referred to in W&IC Section 103.3, Item f, is the net underpayment after balancing against unadjusted overpayments, if any, as provided in Regulation Sec. A-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Sec. 103.3(f) is an underpayment to a recipient due to one or more of the following mistakes made by the county administering the aid:

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to pay aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake involving the exercise of discretion in the determination of facts, or the application of a statute or regulation to those facts, or which depends upon the existence of evidence not in the possession of the county at the time the alleged mistake was made. (See Sec. A-227.60, Item 3, regarding Underpayments Resulting from Other Causes.)

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Revision 238

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(Pursuant to Government Code Section 11380.1)

A-227.52

AID PAYMENTS

Regulations

A-227.52 UNDERPAYMENT DUE TO ERRONEOUS DENIAL ACTION

A-227.52

Definition

An "erroneous denial" is a denial action taken:

1. Before all reasonable investigation has been completed, or
2. When the county has overlooked or misinterpreted evidence in their record which would have established eligibility of the applicant.

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CALIFORNIA-SPCW-MANUAL-OAS

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Effective September 11, 1957

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 (Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

A-227.60

A-227.60 ADJUSTMENT OF UNDERPAYMENT BY AUTHORIZATION OF RETROACTIVE AID

A-227.60

Definition

Retroactive aid is aid authorized in a subsequent month for some preceding month or months.

ADJUSTMENT BY COUNTY ADMINISTRATIVE ACTION

Underpayment is adjusted by administrative action authorizing payment of retroactive aid under the circumstances prescribed below and within the time limits specified.

1. Underpayment resulting from an administrative error or inadvertence (see Sec. A-227.51).

Such underpayment to a recipient (including underpayment resulting from a discontinuance due to administrative error or inadvertence) is to be adjusted as provided in W&IC Sec. 103.3, Item f.

2. Underpayment resulting from an erroneous denial (see Sec. A-227.52).

Such underpayment is to be adjusted provided:

- a. The erroneous action comes to the county's attention within 120 days after the date of notification to the applicant of the denial, and
- b. The retroactive aid can be authorized before the end of the sixth month following that in which the erroneous action occurred.

3. Underpayment resulting from other causes.

Underpayment which did not result from "administrative error or inadvertence" or from "erroneous denial" is to be adjusted in accord with whichever of the following circumstances is appropriate:

- a. Recipient Eligible to a Larger Grant than that Authorized

When aid is paid in the amount authorized but it is later determined that the recipient was eligible for a greater amount (as determined in accord with Sec. A-221), the underpayment is to be adjusted, provided the additional amount due can be authorized before the end of the sixth month following the month for which the recipient was underpaid.

Medical need which can be included in the grant only as a retroactive payment is to be adjusted (subject to the six-month limitation) regardless of the amount of the underpayment. Underpayment of \$2.00 or less for a particular month resulting from a cause other than such medical need is adjusted only when a necessary increase of \$2.00 or less in the continuing grant (see Sec. A-226, Changes in Amount of Payment) was not made effective until after the second month following that in which the changed circumstances were reported. Payment of retroactive aid in such circumstances shall begin with such second month.

(Continued)

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Revision 240

Effective September 11, 1957

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(Pursuant to Government Code Section 11380.1)

A-227.60

AID PAYMENTS

Regulations

A-227.60 (Continued)

A-227.60

b. Aid Properly Denied or Discontinued

When, within 120 days after date of applicant's or recipient's notification of a proper denial or discontinuance, the county obtains additional information which indicates eligibility existed for the denied or discontinued payments, the underpayment is to be adjusted provided:

- (1) The applicant or recipient met his responsibility for reporting promptly all facts required of him pursuant to W&IC Sec. 103.3, Item b; and
- (2) The retroactive aid can be authorized before the end of the sixth month following that in which the discontinuance or denial action occurred.

(The authorization is to be in the amount to which the person was eligible and for the period during which he would have received aid if such aid had been granted or continued instead of denied or discontinued.)

c. Incorrect Beginning Date

When aid is not authorized in accord with the code and regulations governing the beginning date and underpayment occurs on a new case, a restoration, an inter-county transfer, or a transfer between OAS, and ANB, such underpayment is to be adjusted provided the amount due can be authorized before the end of the sixth month following the month in which aid is to have begun.

ADJUSTMENT BY THE APPEAL PROCESS

Underpayment (regardless of cause) shall be adjusted by authorization of aid in the amount and for the period ordered by the SSWB or agreed to by the SDSW (see Secs. 055.3 and 055.4).

A-227.63 DELAYED PAYMENT

A-227.63

When underpayment occurred because of delayed delivery of a payment due to a change of address of the recipient, a change of payee, or suspension action, underpayment is to be adjusted by release of the warrant before the end of the second month following that for which it was issued.

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CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

The following regulations are to be repealed effective September 11, 1957:

A-227.61 Payment of Retroactive Aid
A-227.62 Corrective Payment

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The following regulation is to be repealed effective October 1, 1957:
A-205.2 Special Need for Medication

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CONTINUATION SHEET
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C-212.65 INCOME OF PERSONS IN THE HOUSEHOLD NOT MEMBERS OF THE
 FAMILY BUDGET UNIT

C-212.65

A determination is to be made as to whether there is net income available to the family budget unit from other persons living in the household. When an item of need is contributed to the family budget unit by such a person, see Sec. C-212.40, Evaluation of Income in Kind.

Adult children, nonneedy emancipated minors and other persons with income other than public assistance living in the household are expected to pay the usual community rate for the type of room and board they receive.

Net income to the family budget unit from an adult child or nonneedy emancipated minor paying board and room is to be determined by deducting from the actual payment a) the cost of food in accord with the ANC Cost Schedule, if he eats at home; b) his prorated share of utilities, housing expense, and needs not common which are shared by the household; c) a flat amount of \$1.50 for household operation.

Net income to the family budget unit from a nonrelated person or a related OAS, ANB or APSB recipient paying board and room is determined by deducting from the actual payment a) the actual cost of food (\$28.50, if a recipient of OAS and \$32.85 if a recipient of ANB or APSB); b) the person's prorated share of the housing expense, utilities and needs not common shared by the household, plus any amount by which the cost of a utility exceeds the allowance in the ANC Cost Schedule; c) the cost of linen and bedding supplies incident to the rental of a room.

The aid payment and income of an OAS, ANB or APSB recipient is intended to meet his individual need and is not to be pooled with the ANC family income. However, if the spouse of an OAS, ANB, or APSB recipient is in the family budget unit, his share of community income and any voluntary allocation made from the recipient's current earnings (nonexempt in ANB and APSB) is considered income to the spouse and to the family budget unit.

C-227.50 INVESTIGATION OF UNDERPAYMENTS

C-227.50

When it appears that an underpayment may have occurred, a determination is made as to whether underpayment actually occurred. If so, the following determinations are made:

1. The period and amount of underpayment;
2. The amount, if any, of underpayment which resulted from administrative error or inadvertence (see Sec. C-227.51).
3. The amount of retroactive aid due, if any.

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These Regulations are designated to become effective SEP 11 '57

CONTINUATION SHEET
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**C-202.30 PERSONAL NEEDS, RECREATION, HOUSEHOLD OPERATION, EDUCATION
 AND INCIDENTALS**

C-202.30

The amounts given in the current ANC Cost Schedule are allowed.

1. Personal needs cover hair care, personal toilet articles, etc.;
2. Recreation covers movies, school and other group activities, etc.;
3. Household operation covers cleaning and laundry supplies, home medicine supplies, minor replacements in minimum amounts of linens and bedding, etc.;
4. Education and incidentals cover stamps, paper, reading materials, etc.

C-204.09 SPECIAL NEED FOR PAYMENTS ON LIFE INSURANCE

C-204.09

When life insurance policies are carried on parents or children under the age of 18 years, the cost of premiums, not to exceed \$4 monthly for the family is allowed.

Exceptions:

1. If premiums are in excess of \$4 and a downward adjustment of the premium is pending, the excess amount is included for a period not to exceed three months.
2. Any excess amount is included to keep insurance policies in effect on an incapacitated parent either in or out of the home.

C-205 SPECIAL NEED FOR MEDICAL CARE

C-205

Medical care includes the services of doctors, dentists, nurses; clinic, convalescent, hospital, or other remedial care; drugs and medical supplies; surgical and prosthetic appliances and X-ray and laboratory services, as required for diagnosis, care and treatment. The cost of such care, up to the fee schedule amounts for the medical care program where such have been established, or in the actual amount where no fee has been set, is to be allowed unless the care needed is available through the medical care fund or through a public facility without cost.

The cost of an item of medical care of a type and for a person covered by the fund will be paid from the medical care fund when 1) there is and aid payment made for the month care is given, 2) aid is withheld or suspended because of a question concerning the amount of the grant (see Secs. C-226.10 and C-226.12), or 3) aid is discontinued for an adjustment for overpayment as provided in Sec. C-227.10.

When any person in the family budget unit is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed \$10 monthly for the family, is allowed if essential medical care is not available through a public facility.

These Regulations are designated to become effective OCT 1 '57

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

The following regulations are repealed effective September 11, 1957:

C-227.61 Payment of Retroactive Aid
C-227.62 Corrective Payment

DO NOT WRITE IN THIS SPACE

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Regulations

AID PAYMENTS

C-221.2

C-221

AMOUNT OF AID PAYMENT

C-221

In determining the amount of the aid payment for a particular month, all income received in the month and those needs which existed and were reported before the end of that month are considered. Exception: 1) When the change could not have been known or reported before the end of the month because it occurred too late to give reasonable time to report within the month, or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month. 2) When special circumstances, such as physical or mental incapacity, make it unreasonable to expect that a report could have been made promptly, such change is reflected in the aid payment for the month in which it existed if reported as soon as could reasonably be expected. 3) When medical care claim form (see Sec. C _____, Medical Care) is submitted by a vendor, the reporting requirement is met whether the medical need is to be allowed in the aid payment or as a payment to the vendor from the medical care fund (see Sec. C-205).

Any deficiency in a previous month between total need and the sum of the aid payment and the income is not to be carried forward and allowed as a need in a subsequent month.

Payment is to be authorized, changed, suspended, denied or discontinued by use of Form CA 278 or an approved substitute. (See Sec. C-025.25, Form CA 278.)

C-221.2 MAXIMUM STATE PARTICIPATION BASE

C-221.2

A. The maximum state participation base for children living with a parent or other relative is as follows:

Number of Eligible Children in the Same Home	Maximum Participation Base
1	\$145
2	168
3	215
4	256
5	291
6	320
7	343
8	360
9	371
Plus \$5 per child for each additional child	

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Revision 47

Effective October 1, 1957

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C-227

AID PAYMENTS

Regulations

C-227 OVERPAYMENT AND UNDERPAYMENT

C-227

Overpayment occurs if a) there was no entitlement to payment because of failure to meet eligibility requirements on the first of the month for which a payment was made, or b) the amount of payment exceeded the amount to which the family was eligible for that month as determined in accordance with Sec. C-221. Exception: If the aid payment was less than \$2 in excess of the budgetary deficit, no overpayment occurred. (If a person was not entitled to a vendor payment made on his behalf from the Medical Care Fund, a Medical Fund overpayment exists. This has no effect on the amount of the ANC grant to which the family is eligible or on the amount of any ANC overpayment which may have occurred.) (See Secs. C-227.10 and C-227.20.)

Underpayment occurs if a) there was no payment for a month for which eligibility had been determined; or b) a payment was made in an amount less than that to which the family was eligible for that month as determined in accordance with Sec. C-221. Exception: If the budgetary deficit was less than \$2 in excess of the aid payment, no underpayment occurred.

C-227.10 ADJUSTMENT PERIOD

C-227.10

The adjustment period for a particular overpayment is the month of payment and the two months following (when the family continues eligible). An adjustable overpayment is to be adjusted to the greatest extent possible in the first of the two months following the month of overpayment. The amount to be adjusted is limited to the amount of overpayment occurring in the adjustment period. (These limitations are not applied if the aid payment offset method is used to liquidate repayment due from a currently eligible family who has liquid assets.) (See Sec. C-229.)

When overpayment occurs in the ANC grant in the same month there is overpayment because of payment from the Medical Care Fund, the amount to be adjusted is limited to the overpayment in the ANC grant occurring in the adjustment period. Right to request repayment of the overpayment from the Medical Care Fund is determined in accord with Sec. _____, Medical Care.

Adjustment is to be made by discontinuance or decrease, or in lieu of such action by a current cash adjustment in the amount which could have been adjusted by the discontinuance or decrease (see Appendix Fiscal Manual Sections, Sec. F-400, B).

C-227.20 RIGHT TO DEMAND REPAYMENT

C-227.20

The right exists to demand repayment in the amount which is unadjusted or unadjustable in the adjustment period if overpayment is due to failure of the family to report facts, unless they had no knowledge of the facts or were misinformed or not informed of their responsibility to report. (See Appendix Fiscal Manual Sections, Sec. F-410.)

When aid is discontinued at the end of the month in which the family became ineligible to any grant, right to demand repayment of any overpayment in that month does not exist.

Right to request repayment for a vendor payment from the Medical Care Fund for which the family was not eligible is determined in accord with Sec. _____ Medical Care.

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C-227.51

AID PAYMENTS

Regulations

C-227.51 UNDERPAYMENT DUE TO ADMINISTRATIVE ERROR OR INADVERTENCE

C-227.51

Definitions

"Full amount of underpayment" as referred to in W&IC Section 103.3, Item f, is the net underpayment after balancing against unadjusted overpayments, if any, as provided in Regulation Section C-228.

Underpayment due to "administrative error or inadvertence" within the meaning of W&IC Section 103.3f is an underpayment to a recipient due to one or more of the following mistakes committed by the county administering the aid:

1. Misfiling of documents;
2. Errors in typing or copying;
3. Mathematical errors;
4. Failure to pay aid in the correct amount when all information essential to require such a payment was in the county record;
5. Failure to make prompt changes in the grant following amendments to statutes and regulations requiring such changes.

"Administrative error or inadvertence" does not include any alleged mistake involving the exercise of discretion in the determination of facts, or the application of a statute or regulation to those facts, or which depends upon the existence of evidence not in the possession of the county at the time alleged mistake was made. (See Sec. C-227.60, Item 3, regarding Underpayments Resulting from Other Causes.)

C-227.52 UNDERPAYMENT DUE TO ERRONEOUS DENIAL ACTION

C-227.52

Definition

An "erroneous denial" is a denial action taken:

1. Before all reasonable investigation has been completed, or
2. When the county has overlooked or misinterpreted evidence in their record which would have established eligibility of the applicant.

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Effective September 11, 1957

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Regulations

AID PAYMENTS

C-227.60

C-227.60 ADJUSTMENT OF UNDERPAYMENT BY AUTHORIZATION OF RETROACTIVE AID C-227.60

Definition

Retroactive aid is aid authorized in a subsequent month for some preceding month or months.

Adjustment by County Administrative Action

Underpayment is adjusted by administrative action authorizing payment of retroactive aid under the circumstances prescribed below and within the time limits specified.

1. Underpayment resulting from an administrative error or inadvertence.
 (See Sec. C-227.51.)

Such underpayment to a recipient (including underpayment resulting from a discontinuance due to administrative error or inadvertence) is to be adjusted as provided in W&IC Section 103.3, Item f.

2. Underpayment resulting from an erroneous denial. (See Sec. C-227.52.)

Such underpayment is to be adjusted provided:

- a. The erroneous action comes to the county's attention within 120 days after the date of notification to the applicant of the denial, and
- b. The retroactive aid can be authorized before the end of the sixth month following that in which the erroneous action occurred.

3. Underpayment resulting from other causes

Underpayment which did not result from "administrative error or inadvertence" or from "erroneous denial" is to be adjusted in accord with whichever of the following circumstances is appropriate:

- a. Recipient Eligible to a Larger Grant than that Authorized

When aid is paid in the amount authorized but it is later determined that the recipient was eligible for a greater amount (as determined in accord with Sec. C-221), the underpayment is to be adjusted, provided the additional amount due can be authorized before the end of the sixth month following the month for which the recipient was underpaid.

(Continued)

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Revision 51

Effective September 11, 195

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C-227.60

AID PAYMENTS

Regulations

C-227.60 (Continued)

C-227.60

b. Aid Properly Denied or Discontinued

When, within 120 days after date of applicant's or recipient's notification of a proper denial or discontinuance, the county obtains additional information which indicates eligibility existed for the denied or discontinued payments, the underpayment is to be adjusted provided:

- (1) The applicant or recipient met his responsibility for reporting promptly all facts required of him pursuant to W&IC Section 103.3, Item b; and
- (2) The retroactive aid can be authorized before the end of the sixth month following that in which the discontinuance or denial action occurred.

(The authorization is to be in the amount to which the person was eligible and for the period during which he would have received aid if such aid had been granted or continued instead of denied or discontinued.)

c. Incorrect Beginning Date

When aid is not authorized in accord with the code and regulations governing the beginning date, and underpayment occurs on a new case, a restoration, or an intercounty transfer, such underpayment is to be adjusted provided the amount due can be authorized before the end of the sixth month following the month in which aid was to have begun.

Adjustment by the Appeal Process

Underpayment (regardless of cause) shall be adjusted by authorization of aid in the amount and for the period ordered by the SSWB or agreed to by the SDSW (see Secs. 055.3 and 055.4).

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CALIFORNIA-SDSW-MANUAL- ANC

Revision 52

Effective September 11, 1957

W49C 103.1

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

722 CAPITOL AVENUE
SACRAMENTO 14

August 6, 1957

DEPARTMENT BULLETIN NO. 543 (ANC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS
SAN FRANCISCO PROBATION DEPARTMENT
LOS ANGELES PROBATION DEPARTMENT

Subject: Revision of Aid to Needy
Children Policies Relating to
New Applications and Inter-
county Transfers Operative
October 1, 1957

Enactment of Chapter 2293 Statutes of 1957, (SB 566), eliminates county residence as the basis for determining county responsibility for financial participation in Aid to Needy Children payments, increases the state share to 67.5 percent of the maximums specified in Section 1511 of the W&IC, and decreases the county share to 32.5 percent. In addition, the amendments place responsibility for accepting the application and paying the aid with the county in which the child is living (except for a child placed in a boarding home or institution by a public or private agency) and reduces the intercounty transfer period from one year to a maximum of 90 days.

Section 1526 of the W&IC as enacted provides:

"County residence is not a qualification for aid under this chapter.

"County responsibility for making aid payments shall be determined in accordance with the rules set forth in this section. These rules shall be applied so as to preserve and maintain the family group of which the child is a part.

"(a) The county where the parents, relative or person in loco parentis providing a home and care for the child lives shall accept the application in behalf of the child and shall be responsible for paying the aid.

"(b) If a child has been placed in a boarding home or institution by a public or private agency, the county where the agency is located shall be responsible for paying the aid until subdivision (a) of this section applies.

"(c) Responsibility for payment of aid to any child qualifying for and receiving aid from any county who removes to another county in this State to make his home shall be transferred to the second county as soon as administratively possible but not later than the first day of the month following 60 days after notification to the second county."

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CONTINUATION SHEET
I --- FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Enactment of Chapter 2330, Statutes of 1957 (SB 1698) amends Section 203.8 and requires the county that is responsible for payment of ANC to provide necessary medical or hospital care to a needy child and the needy relative who is otherwise eligible for such care without regard to county residence, except that when a recipient of ANC moves from the county paying the aid to a second county to make his home, the second county becomes responsible for such care as soon as it is notified by the first county that the recipient is making his home in that county.

This bulletin obsoletes any current conflicting manual provisions relating to county responsibility for receiving requests for Aid to Needy Children, determining eligibility or ineligibility and authorizing aid if eligibility exists, and intercounty transfers.

The following regulations are effective October 1, 1957:

I. APPLICATION AND REQUESTS FOR RESTORATION

Providing a Home and Care

"The parent, relative or person in loco parentis providing a home and care" as used in W&I Code, Section 1526(a) means the person giving the child physical care and supervision.

Exception: If the child has a parent, relative or person in loco parentis maintaining a living place for him in another county and there is a plan for the child to return there within 45 days at the time aid is requested, the parent, relative or person in loco parentis maintaining the home is considered to be providing a home and care for the child.

Living Place

The person providing physical care and supervision for a child is considered to "live," as referred to in W&IC, Section 1526(a) in the county where he is physically present.

Exception: When he is in fact maintaining a living place in another county to which he and the child plan to return within 45 days, he is considered to "live" in such other county.

General

The county where the parent, relative or person in loco parentis providing physical care and supervision for the child lives or the county in which the agency which placed a child in a boarding home or institution is located is responsible for accepting the application or request for restoration, determining eligibility or ineligibility and authorizing aid if eligibility exists.

When the person providing physical care and supervision for the child is physically present in one county but "lives" in another county (or the child is physically present in one county and the person providing a home and care as defined above "lives" in another county), the county receiving the request for aid shall assist the applicant in completing the application or request for restoration; obtain pertinent information and immediately send the application or request for restoration to the county in which the person providing a home and care "lives." The county where the person providing a home and care "lives" shall accept the application and is responsible for determining eligibility and granting aid if eligibility exists.

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**FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

If the child for whom aid has been requested has been placed in a boarding home or institution by a public or private agency located in another county, the application or request for restoration shall be accepted and immediately sent to the county where the placing agency is located. The county where the placing agency is located is responsible for determining eligibility or ineligibility and authorizing aid if eligibility exists.

If the child moves to another county to make his home (see Section II below) after an application has been signed or restoration requested but before the county has acted on it, the county receiving the application or request is responsible for completing the investigation and authorizing aid if eligibility exists and initiating intercounty transfer to the county in which the child is making his home (see Section II below).

II. INTERCOUNTY TRANSFERS

For purposes of Aid to Needy Children, a child who has removed to a county other than that paying the aid is considered "to make his home," as referred to in W&IC, Section 1526(c) in the county to which he has removed.

Exception: If there is in fact a living place being maintained for the child in another county and there is a plan for the child to return there within four months, he is considered "to make his home" in such other county.

The four months begins on the date on which the county paying the aid determines that the child's home is being maintained in that county or some county other than the county in which he is physically present. If the child does not return to that home within this four-month period, it shall be considered that he has removed to the county in which he is physically present "to make his home."

Intercounty transfer shall be initiated for a child currently receiving Aid to Needy Children if:

The parent, relative or person in loco parentis giving the child physical care and supervision moves to another county with the child to make his home, or

The child placed in a boarding home or institution by a public or private agency moves to the home of a parent, relative or person in loco parentis who lives in a county other than the county in which the placing agency is located, or

A child moves to another county to the home of a parent, relative or person in loco parentis who will provide physical care and supervision.

A. Definitions

First County - County currently paying the aid.

Second County - County to which the child moves to make his home.

Third County - Any subsequent county to which the child moves to make his home prior to discontinuance of aid by the first county.

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

Transfer Period - The transfer period is the period of time over which the first county remains responsible for payment of aid.

Expiration of Transfer Period - The end of the month in which the 60th day after notification to the second or third county occurs.

The 60-day period begins on the day following that on which the first county completes Form ABCD 215, Notification of Transfer. When the 60th day falls on Sunday or legal holiday, the following day is considered the last day of the 60-day period.

Exception: The transfer period expires at the end of the month in which aid is discontinued for cause.

Date of Notification - Notification occurs on the date the first county completes Form ABCD 215 to be sent to a second or third county.

B. Responsibility for Payment of Aid

There shall be no interruption or overlapping in payment of aid because a child moves from one county to another "to make his home." The first county is responsible for continuing payment of aid until the transfer period, as defined in Section II above, expires at which time the county in which the child is "making his home" becomes responsible.

If the child moves from a second to a third county to make his home after expiration of the transfer period, but before the second county has authorized aid, the second county is responsible for payment of aid and for negotiating an intercounty transfer with the third county in accordance with the regular transfer procedure.

- Examples:
1. December 28 - Child moves to a second county to make his home.
 - January 6 - The first county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire March 31.
 - March 31 - The first county discontinues aid.
 - April 1 - The second county grants aid.
 2. April 11 - A child in a boarding home placed by a public agency in County A is sent to the home of the grandmother in County B by the placing agency.
 - April 20 - First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire June 30.
 - June 30 - First county discontinues aid.
 - July 1 - The second county grants aid.

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3. March 17 - Child moves to a second county to make his home.
 - March 27 - First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire May 31.
 - May 3 - Child moves to a third county to make his home.
 - May 15 - First county cancels transfer to second county, notifies the third county that the child has moved there to make his home and initiates intercounty transfer with the third county, the transfer period to expire July 31.
 - July 31 - First county discontinues aid.
 - August 1 - Third county grants aid.
4. The circumstances are the same as in Example 3, except the child did not move from the second county to the third county to make his home until June 4, which was after expiration of the "transfer period" to the second county. Although the second county had not authorized aid to the child when he moved to the third county, they were responsible for such payment, effective June 1. Accordingly the first county discontinues aid May 31; the second county grants aid June 1 and then initiates intercounty transfer arrangements with the third county.

C. Discontinuance During Transfer Period

Responsibility of the first county ceases when payment of aid is discontinued for cause during the transfer period.

Exceptions: 1. When aid is discontinued to adjust overpayment in the adjustment period (see Regulation Sec. C-227.10) and the normal effective date for restoration is prior to the expiration of the transfer period, the first county restores aid and continues payment for the balance of the transfer period.

If the adjustment will not be completed until the expiration of the transfer period or thereafter, the second (or third) county is notified and the effective date of the transfer adjusted to the first of the month following termination of the adjustment period.

Examples: 1. September 5 - Child moves from the first county to the second county to make his home.
 September 15 - First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire November 30.

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September 20 - The first county determines that overpayment occurred in August and September and that discontinuance in October to adjust the overpayment is in order. The first county discontinues aid September 30 and restores November 11 discontinuing again November 30 at the end of the transfer period.

2. The circumstances are the same as in Example 1, except the overpayment is sufficient that discontinuance for two months is in order. The first county discontinues aid effective September 30 and advises the second county that the adjustment extends through October and November. The second county grants aid December 1.
3. October 15 - Child moves to second county to make his home.
 October 29 - The first county notifies the second county of the move and initiates inter-county transfer, the transfer period to expire December 31. On November 15 the first county determines that overpayment occurred in October and November and that discontinuance in December and January is in order to adjust the October and November overpayments. The first county discontinues aid effective November 30 and notifies the second county of the adjustment, which is in order. The second county grants aid effective February 1 following termination of the adjustment period.

2. When aid is discontinued as a grant offset for overpayment (see Regulation C-229.10) and the repayment due will be offset prior to the expiration of the transfer

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period, the first county restores aid (if requested and it is found that the child is otherwise eligible) and continues payment for the balance of the transfer period.

If the repayment due by means of offset will not be completed until the expiration of the transfer period or thereafter, the second (or third) county is so advised and the intercounty transfer cancelled. The first county advises the person caring for the child that he may apply again in the second or third county, but aid is not granted by the second or third county prior to completion of the offset initiated by the first county.

3. When aid is discontinued inadvertently or without cause during the transfer period, the first county restores aid and continues payment for the balance of the transfer period.

D. Transfer Procedure

- First County:
1. Notify the second county of the child's removal to that county to make his home by Form ABCD 215. Send two copies with Section A completed.
 2. Supply the second county with a certified or photostatic copy of the original application, all supporting documents relative to current eligibility and the correct amount of the grant, a copy of the current CA 241, and a summary of pertinent social background, circumstances, and problems of the family.
 3. If the child moves to a third county to make his home before the expiration of the transfer period, the first county shall:
 - a. Cancel the transfer agreement with the second county and initiates transfer proceedings with the third county by use of Form ABCD 215.
 - b. Request the second county to forward to the third county the original application, documents, all information supplied by the first county and any additional information secured by the second county.

- Second County:
1. Determine the presence of the child in the county by a home call, if possible, or by interview elsewhere.
 2. Review all factors of eligibility that may have changed and provide the first county with any information which might affect eligibility or the amount of the grant during the transfer period.

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3. Complete Section B of Form ABCD 215 and return one copy to the first county with a copy of the CA 241.
4. Complete any necessary additional investigation and if the child is otherwise eligible, authorize aid to be effective on the transfer date.
5. At the request of the first county promptly forward pertinent information and documents to a third county.

Third County: Proceed with transfer arrangements with the first county in the same manner as specified for the second county.

III. CURRENT CASELOADS

There shall be no interruption in aid payments occasioned by:

- A. The code amendments cited herein, which, in many cases, change county responsibility for payment of aid; or
- B. The regulations set forth herein to implement the code changes.

These changes in regulations require the following actions by the county:

- C. Beginning October 1, 1957, claim reimbursement on a county participating basis for all cases previously claimed as noncounty.
- D. Identify those cases in which the child receiving Aid to Needy Children had residence in the county paying the aid under the former provisions of W&IC, Section 1526 but who is presently living in another county. Determine whether under present regulations the child is "making his home" in another county. If the child is making his home in another county, initiate transfer proceedings in accordance with the regulations effective October 1, 1957.
- E. Review all cases in process of transfer under the provisions of W&IC, Section 1527 in effect prior to October 1, 1957.
 1. If the transfer agreement was completed prior to October 1, 1957, it shall be recognized as notification to the second county. The first county shall discontinue aid on the agreed upon date or November 30, 1957, whichever is earlier. If the discontinuance date previously agreed upon is after November 30, 1957, the first county shall notify the second county that the discontinuance date has been changed to November 30, 1957.
 2. If the transfer agreement has been initiated but is still in process on October 1, 1957, it shall be recognized as notification to the second county. If the date upon which the second county agrees to grant aid is December 1, 1957, or earlier, the first county shall notify the second county that the discontinuance date for the first county is at the end of the month preceding the effective date of transfer. If the second county agrees to grant aid on a date

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subsequent to December 1, 1957, the first county shall notify the second county that the discontinuance date is November 30, 1957, and request the second county to grant aid effective December 1, 1957.

Exception: If a transfer is in process with the county of former residence but the child is making his home in a third county, the first county shall cancel the agreement with the second county and on or after October 1, 1957, initiate transfer proceedings with the county where the child is making his home.

- F. Review all cases in process of transfer under the former provisions of W&IC, Section 1512(c). Notify the county of former residence that aid will be continued by the first county. Continue negotiations to secure agreement from the county of former residence to accept the charge for the county share of Aid to Needy Children payments made prior to October 1, 1957, and submit a completed Form CA 215A, Notification of Transfer under W&IC, Section 1512(c) to the State Department of Social Welfare in accordance with the instructions on that form.

Exception: If a transfer is in process with the county of former residence but the child is no longer making his home in the county paying aid, proceed as indicated above for any W&IC, Section 1512(c) transfer and in addition, initiate transfer under the procedures effective October 1, 1957, with the county in which the child is currently "making his home."

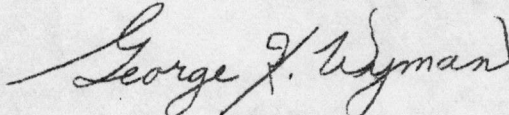
IV. FORMS

Form ABCD 215, Notification of Transfer, replaces Form CA 215, Notification of Transfer.

Form CA 215A, Notification of Transfer Under W&IC, Section 1512(c) becomes obsolete at the time the county completes negotiations for all cases granted under the provisions of Section 1512(c) in effect prior to October 1, 1957.

Forms CA 217, Notification of County Residence; CA 218, Notice of Effective Date of Transfer; CA 234, Statement of Noncounty Residence are obsolete effective October 1, 1957.

Very truly yours,



George K. Wyman
Director

Attachment

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

NOTIFICATION OF TRANSFER

Date _____

County No. _____

State No. _____

(A) To _____ From _____
Second County First County

This is to notify you that _____, receiving
Name of Recipient or Child(ren)

(Check One) 1. ☐ Aid to Needy Blind, 2. ☐ Aid to Partially Self-supporting Blind Residents,

3. ☐ Old Age Security, 4. ☐ Aid to Needy Children, 5. ☐ Aid to Disabled in the amount of \$ _____ a month moved to _____
Address

The child(ren) is/are being cared for by _____, _____
Name of Caretaker Relationship to Child(ren)

Aid will be discontinued by _____ on _____
First County Date

Signature of County Worker, First County

Date _____

(B) To _____ From _____
First County Second County

This is to notify you that _____ now living
Name of Recipient or Child(ren)
at _____ is/are currently eligible for
Address

(Check One) 1. ☐ Aid to Needy Blind, 2. ☐ Aid to Partially Self-supporting Blind Residents, 3. ☐ Old Age Security, 4. ☐ Aid to Needy Children, 5. ☐ Aid to Disabled in the amount of \$ _____ a month. _____ will begin payment on _____ if eligibility continues.
Second County Date

Signature of County Worker, Second County

DIRECTIONS FOR HANDLING NOTIFICATION OF TRANSFER

First county fills out Section (A) on three copies of Form ABCD 215, retaining one copy and sending two to the second county with copies of original application and supporting documents. Second county fills out Section (B), retaining one copy and returning one to the first county.

Form ABCD 215, Revised October 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W49C 103.1

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

722 CAPITOL AVENUE
SACRAMENTO 14

August 8, 1957

DEPARTMENT BULLETIN NO. 544 (OAS, ANB, APSB & ANC)

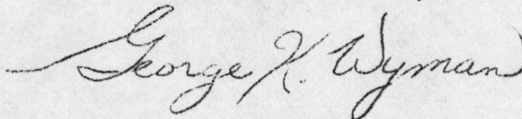
TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Medical Care for
Recipients of Public
Assistance

The attached notice shall accompany Old Age Security, Aid to Needy Blind, Aid to the Partially Self-supporting Blind, and Aid to Needy Children warrants for the month of September 1957.

A supply of printed notices of tab card size will be forwarded by August 20.

Very truly yours,



George K. Wyman
Director

Attachment

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Notice to Recipients of Old Age Security,
Aid to Needy Children, Aid to the Blind

Beginning October 1, 1957, an expanded medical service will be available for recipients in the above-listed programs. This will not take the place of medical assistance you might now be receiving or be entitled to receive.

Recipients who are now purchasing medical care as a special need from income can, within certain limits, continue to do so.

The cost of drugs will be paid directly to the pharmacists; you are cautioned, therefore, not to pay cash for your drug prescriptions on and after October 1, but to have them "charged" to the new program.

If you are in need of medical attention you are entitled to the services of a doctor of your own choice, certain dental care, and drugs, medical supplies, and laboratory service.

This program does not include hospitalization; you may be eligible for care at the county hospital.

For further information consult your Social Worker
when you are in need of medical attention.

(Don't forget - this program does not start until October 1, 1957.)

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W+2C 103.1

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

722 CAPITOL AVENUE
SACRAMENTO 14

August 9, 1957

DEPARTMENT BULLETIN NO. 545(AB)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: County Responsibility for
Payment of Aid to Blind for
Intercounty Transfers
(Operative October 1, 1957)

Sections 3040, 3041, 3087.1, 3090, 3430, 3431, 3450, 3480 and 203.8 are amended by Chapter 2330, Statutes of 1957 (SB 1698). Sections 3042 and 3090.5 were repealed.

Sections 3041, 3042 and 3431 are amended by deletion of the former provision, which placed responsibility on the county of residence for granting aid.

Sections 3087.1 and 3480, appropriation sections, are amended to eliminate the former provision for state reimbursement to a county for the full amount of aid granted in any case.

Sections 3090 and 3450 are amended to provide:

"County residence is not a qualification for aid under this chapter.

"County responsibility for making aid payments is determined as follows:

- "(a) The county where the blind person lives, or if the blind person is a minor where the parents, relative or person in loco parentis providing a home and care for such blind person lives, shall accept the application and shall be responsible for paying the aid.
- "(b) Responsibility for payment of aid to any blind person qualifying for and receiving aid from any county who removes to another county in this State to make his home, shall be transferred to the second county as soon as administratively possible but not later than the first day of the month following 60 days after notification to the second county."

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(Pursuant to Government Code Section 11380.1)

Section 203.8 is amended to provide:

"Notwithstanding any other provisions of this code the county which is responsible for the payment of public assistance to any person or group of persons under Chapter 1 of Part 2 of Division 2, Chapter 1 of Division 3, or Division 5 and the needy relative in the case of aid to needy children, shall provide the necessary hospital or medical care, or both, if otherwise qualified for such care. If a recipient of public assistance moves from one county to another county within this State to make his home the county to which such recipient removes shall become responsible for providing medical or hospital care or both, if he is otherwise qualified for such care, upon notification by the first county that such recipient has moved to the second county for the purpose of making his home in said county."

The effect of these amendments is to:

1. Eliminate county residence as a basis for determining county responsibility for payment of aid
2. Require county participation in all aid payments, thus eliminating "noncounty reimbursement"
3. Reduce the intercounty transfer period from one year to 60 days
4. Require the county that is responsible for payment of aid to provide necessary medical or hospital care to any recipient who is otherwise eligible for such care without regard to county residence, except that when a recipient moves from the county paying aid to a second county to make his home, the second county becomes responsible for such care as soon as it is notified by the first county that the recipient is making his home in that county.

The following regulations implement these amendments and supersede any provisions in the current Aid to Blind manual which are in conflict therewith:

I. New Applications and Requests for Restoration

For purpose of ANB-APSB, an applicant or a person requesting restoration of aid is considered to "live," as referred to in W&IC Sections 3090 and 3450, Item a, in the county where he is physically present.

Exception: If he is in fact maintaining a living place in another county to which he plans to return within 45 days, he is considered to "live" in such other county.

A. General

The county where the person "lives" is responsible for accepting the application or request for restoration, determining eligibility, and granting aid if eligibility is established.

If the applicant is physically present in one county but "lives" in another county, the county where he is physically present shall assist him in completing an application or request for restoration; obtain pertinent

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information, and immediately send the application or request for restoration to the county in which the applicant "lives." The county in which he "lives" shall accept the application and is responsible for determining eligibility and granting aid if eligibility is established.

If the person moves from one county to another to "make his home" (see Section II below) after an application has been signed or restoration requested, but before the county has acted thereon, the county receiving the application shall complete the investigation and authorize aid if eligibility exists and then initiate intercounty transfer with the county in which the recipient is making his home (see Section II below).

B. Applicants in State Hospitals to be Released on Leave or Discharge

An applicant in a state hospital awaiting leave is considered to "live" in the county in which the state hospital is located; and that county shall accept the application, make the necessary investigation, and grant aid if eligibility is established. If, after the application or request for restoration is signed and before aid is granted, the applicant moves to a home in a county other than that in which the hospital is located, the county which accepted the application shall complete the investigation and grant aid, if eligible. Intercounty transfer is then initiated with the county in which the recipient is "making his home" (see Section II below).

If at the time application is to be made the state hospital has determined that within 45 days the patient will be released on leave or discharged and living in a home in a county other than the county from which he was committed to the state hospital, the county in which such home is located is considered to be the county in which the applicant "lives" and that county is responsible for accepting the application, determining eligibility, and granting aid, if eligible. If the plan is for the applicant to live in a home which is located in the county from which he was committed to the state hospital or if plans have not been completed and at the time the application is to be made it is not known where he will live when released, the applicant will be considered to "live" in the county from which he was committed to the institution and that county is responsible for accepting and processing the application.

II. Intercounty Transfers

For purpose of ANB-APSB, a recipient who has removed to a county other than that paying aid, is considered "to make his home" as referred to in W&IC Sections 3090 and 3450, Item b, in the county to which he has removed.

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**FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Exception: If he is in fact maintaining a living place in another county to which he plans to return within four months, he is considered "to make his home" in such other county. The four months start to run from the date on which the determination is made by the county paying aid that the recipient is "maintaining a home" in that county or in some county other than the county in which he is physically present. If he fails to return to that home within this four months' period, it shall be considered that he has removed to the county in which he is physically present "to make his home."

If it is determined that a recipient has removed to another county "to make his home" intercounty transfer arrangements are initiated.

A. Definitions

First County - The county currently paying aid.

Second County - County to which the recipient removes to make his home.

Third County - Any subsequent county to which the recipient removes to make his home prior to discontinuance of aid by first county.

Transfer Period - The period during which the first county remains responsible for payment of aid.

Expiration of Transfer Period - The end of the month in which the 60th day after notification to the second or third county occurs.

Exception: The transfer period expires at the end of the month in which aid is discontinued for cause.

Date of Notification - The date the first county completes Form ABC 215 to be sent to a second or third county.

B. Responsibility for Payment of Aid

There shall be no interruption or overlapping in payment of aid as a result of a recipient moving from one county to another to make his home. The first county is responsible for continuing payment of aid until the "transfer period," as defined in Section II-A above, expires, at which time the county in which the recipient is "making his home" becomes responsible.

Examples:

1. December 28	- Recipient moves to a second county to make his home.
January 6	- The first county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire March 31.
March 31	- The first county discontinues aid.
April 1	- The second county grants aid.

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2. March 17 - Recipient moves to a second county to make his home.
 - March 27 - First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire May 31.
 - May 3 - Recipient moves to a third county to make his home.
 - May 15 - First county cancels transfer to second county, notifies the third county that the recipient has moved there to make his home and initiates intercounty transfer with the third county, the transfer period to expire July 31.
 - July 31 - First county discontinues aid.
 - August 1 - Third county grants aid.
3. The circumstances are the same as in Example 2, except the recipient did not move from the second county to the third county to make his home until June 1, which was after expiration of the "transfer period" to the second county. Although the second county had not authorized aid to the recipient when he moved to the third county, they were responsible for such payment, effective June 1. Accordingly, the first county discontinues aid May 31; the second county grants aid June 1 and then initiates intercounty transfer arrangements with the third county.

C. Discontinuance During Transfer Period

Responsibility of the first county ceases when payment of aid is discontinued for cause during the transfer period.

Exceptions: 1. If aid is discontinued to adjust overpayment in the adjustment period (see Regulation Section B-227.10) and the normal effective date for restoration is prior to the expiration of the transfer period, the first county restores aid and continues payment for the balance of the transfer period.

If the adjustment will not be completed until the expiration of the transfer period or thereafter, the second (or third) county is notified and the effective date of the transfer adjusted to the first of the month following termination of the adjustment period.

Examples: a. September 5 - Recipient moves from the first county to the second county to make his home.

September 15 - First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire November 30.

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- September 20 - The first county determines the recipient was overpaid in August and September and that discontinuance in October to adjust the overpayment is in order. The first county discontinues aid September 30 and restores November 1 discontinuing again November 30 at the end of the transfer period.
- December 1 - Second county grants aid.

b. The circumstances are the same as in Example 1, except the overpayment is sufficient that discontinuance for two months is in order. The first county discontinues aid effective September 30 and advised the second county that the adjustment extends through October and November. The second county grants aid December 1.

- c. October 15 - Recipient moves to second county to make his home.
- October 29 - The first county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire December 31. On November 15 the first county determines the recipient was overpaid in October and November and that discontinuance in December and January is in order to adjust the October and November overpayments. The first county discontinues aid effective November 30 and notifies the second county of the adjustment, which is in order. The second county grants aid effective February 1 following termination of the adjustment period.

2. If aid is discontinued as a grant offset for overpayment (see Regulation Section B-229.10) and the repayment due will be offset prior to the expiration of the transfer period, the first county restores aid (if the recipient requests it and is found to be otherwise eligible) and continues payment for the balance of the transfer period.

If the repayment due by means of offset will not be completed until the expiration of the transfer period or

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thereafter, the second (or third) county is so advised and the intercounty transfer canceled. The first county advises the recipient that he may request restoration or make reapplication in the second or third county, but aid is not granted by the second or third county prior to completion of the offset initiated by the first county.

3. If aid is discontinued inadvertently or without cause during the transfer period, the first county restores aid and continues payment for the balance of the transfer period.

D. Transfer Procedure

- First County:
1. Notify the second county of the recipient's removal to that county to make his home by Form ABC 215. Send two copies with Section A completed.
 2. Supply the second county with pertinent information regarding the recipient's removal to the second county to make his home, such additional information and/or documents as are needed to determine continuing eligibility and the amount of grant, a summary of pertinent social information (including a statement of services needed by the recipient and services currently being given to the recipient by the first county), a certified or photostatic copy of the original application (Form BL 200), copies of the most recent Authorization Document and Notification to the Recipient (Form BL 239).
 3. If the recipient moves to a third county to make his home before expiration of the transfer period, the first county shall:
 - a. Cancel the transfer agreement with the second county and initiate transfer proceedings with the third county by use of Form ABC 215.
 - b. Request the second county to forward to the third county the original application, documents, all information supplied by the first county, and any additional pertinent information secured by the second county.

- Second County:
1. Determine that the recipient is making his home in that county by a home call, if possible, or by interview elsewhere.
 2. Review all factors of eligibility that may have changed, and provide the first county with any information which might affect eligibility or the amount of the grant during the transfer period.
 3. Complete Section B of the Form ABC 215 and return one copy to the first county.

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4. Complete any necessary additional investigation and, if the recipient is eligible, authorize aid to be effective on the transfer date.
5. At the request of the first county, promptly forward pertinent information and documents to a third county.

Third County: The third county shall proceed with transfer arrangements with the first county in the same manner as specified for the second county.

III. Current Caseloads

There shall be no interruption in aid payments occasioned by:

- A. The code amendments cited herein, which, in many cases, change county responsibility for payment of aid; or
- B. The regulations set forth herein to implement the code changes.

The following actions are required in relation to the current caseload effective October 1, 1957:

A. Participation in Aid Payments

Required county action - The county paying aid shall participate in the ANB-APSB payment on all cases effective October 1, 1957 (claims shall be on a "Regular" or when indicated, "Nonfederal" basis with "Non-county" participation eliminated).

- B. Recipient has removed to a county other than that paying aid to make his home (see Section II above)--transfer arrangements have not been initiated.

Included in this group are:

1. Recipients who, under code and regulations as effective prior to October 1, 1957, would be transferred to another county, but for some reason transfer has not yet been initiated.
2. Recipients who, because of the change in law eliminating county residence as a basis for determining county responsibility for payment of aid, are no longer the responsibility of the county paying aid; i.e., a person on leave of absence from a state hospital who has removed to and is making his home in a county other than the county paying aid.

Required county action - The county paying aid shall initiate intercounty transfer arrangements, as provided in Section II-D above, with the county in which the recipient is making his home. The county in which the recipient is making his home shall accept the transfer and grant aid, if eligible, the first of the month following expiration of the transfer period, as defined in Section II-A above.

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- C. Recipient has removed to a county other than that paying aid to make his home (see Section II above) - Transfer arrangements (pursuant to the provisions of W&IC Sections 3090 and 3450 as effective prior to the October 1, 1957, amendments) have been initiated.

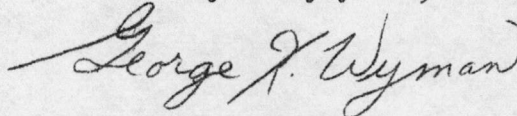
("Transfer initiated," as used herein, means the first county has already sent Form AB 215, notifying the second or third county of the recipient's removal thereto.)

Required County Action

- First County - (a) Discontinues aid on the previously agreed upon transfer date, or November 30, 1957, whichever is earlier, and
- (b) Notifies second county of any change in the discontinuance date as previously agreed upon.
- Second County - Grants aid on the previously agreed upon date, or December 1, 1957, whichever is earlier.

Note: The procedures contained in this bulletin with respect to responsibility for payment of aid are applicable to adult applicants and/or recipients of ANB-APSB. If the applicant or recipient is a minor, county responsibility for making aid payments is that of the county in which his parents, relative or person in loco parentis lives.

Very truly yours,



George K. Wyman
Director

Attachment

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

NOTIFICATION OF TRANSFER

Date _____

County No. _____

State No. _____

(A) To _____ From _____
Second County First County

This is to notify you that _____, receiving
Name of Recipient or Child(ren)

(Check One) 1. ☐ Aid to Needy Blind, 2. ☐ Aid to Partially Self-supporting Blind Residents,

3. ☐ Old Age Security, 4. ☐ Aid to Needy Children, 5. ☐ Aid to Disabled in the amount of \$ _____ a month moved to _____ Address

The child(ren) is/are being cared for by _____, _____
Name of Caretaker Relationship to Child(ren)

Aid will be discontinued by _____ on _____
First County Date

Signature of County Worker, First County

Date _____

(B) To _____ From _____
First County Second County

This is to notify you that _____ now living
Name of Recipient or Child(ren)

at _____ is/are currently eligible for
Address

(Check One) 1. ☐ Aid to Needy Blind, 2. ☐ Aid to Partially Self-supporting Blind Residents, 3. ☐ Old Age Security, 4. ☐ Aid to Needy Children, 5. ☐ Aid to

Disabled in the amount of \$ _____ a month. _____ will begin pay-
Second County

ment on _____ if eligibility continues.
Date

Signature of County Worker, Second County

DIRECTIONS FOR HANDLING NOTIFICATION OF TRANSFER

First county fills out Section (A) on three copies of Form ABCD 215, retaining one copy and sending two to the second county with copies of original application and supporting documents. Second county fills out Section (B), retaining one copy and returning one to the first county.

Form ABCD 215, Revised October 1957

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(Pursuant to Government Code Section 11380.1)

W+JC 103.1

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

722 CAPITOL AVENUE

SACRAMENTO 14

August 9, 1957

DEPARTMENT BULLETIN NO. 546(OAS)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: County Responsibility for Payment
of Old Age Security for Inter-
county Transfers (Operative
10/1/57)

Sections 2160, 2187, 2200, and 203.8 are amended by Chapter 2330, Statutes of 1957 (SB 1698).

Section 2160 is amended by deletion of the former provision, which placed responsibility on the county of residence for granting aid.

Section 2187, an appropriation section, is amended to eliminate the former provision for state reimbursement to a county for the full amount of aid granted in any case.

Section 2200 is amended to provide:

"County residence is not a qualification for aid under this chapter.

"County responsibility for making aid payments is determined as follows:

"(a) Notwithstanding Section 2180 of this chapter the county where the aged person lives shall accept the application and shall be responsible for paying the aid.

"(b) Responsibility for payment of aid to any aged person qualifying for and receiving aid from any county who removes to another county in this State to make his home, shall be transferred to the second county as soon as administratively possible but not later than the first day of the month following 60 days after notification to the second county."

Section 203.8 is amended to provide:

"Notwithstanding any other provisions of this code the county which is responsible for payment of public assistance to any person or group of persons under Chapter 1 of Part 2 of Division 2, Chapter 1 of Division 3, or Division 5 and the needy relative in the case of aid to needy children, shall provide the necessary hospital or medical care, or both, if otherwise qualified for such care. If a recipient of public assistance moves

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from one county to another county within this State to make his home the county to which such recipient removes shall become responsible for providing medical or hospital care or both, if he is otherwise qualified for such care, upon notification by the first county that such recipient has moved to the second county for the purpose of making his home in said county."

The effect of these amendments is to:

1. Eliminate county residence as a basis for determining county responsibility for payment of aid except when the applicant or recipient is an inmate of a home or institution, as provided in W&IC Section 2160.5;
2. Require county participation in all aid payments, thus eliminating "noncounty reimbursement";
3. Reduce the intercounty transfer period from one year to 60 days;
4. Require the county that is responsible for payment of aid to provide necessary medical or hospital care to any recipient who is otherwise eligible for such care without regard to county residence, except that when a recipient moves from the county paying aid to a second county to make his home, the second county becomes responsible for such care as soon as it is notified by the first county that the recipient is making his home in that county.

The following regulations implement these amendments and supersede any provisions in the current Old Age Security Manual which are in conflict therewith:

I. New Applications and Requests for Restoration

For the purpose of Old Age Security, an applicant or a person requesting restoration of aid is considered to "live," as referred to in W&IC Section 2200, Item a, in the county where he is physically present.

Exception: When he is in fact maintaining a living place in another county to which he plans to return within 45 days, he is considered to "live" in such other county.

A. General

The county where the person "lives" is responsible for accepting the application or request for restoration, determining eligibility, and granting aid if eligibility is established.

Exception: When the applicant or person requesting restoration is an inmate of a home or institution maintained by any fraternal, benevolent, or other nonprofit organization, the county from which such inmate was admitted to the home or institution is responsible for accepting the application, determining eligibility, and granting aid if eligibility is established. The county from which the recipient was admitted to the home remains responsible for payment of aid as long as the recipient remains in the home.

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When the applicant is physically present in one county but "lives" in another county, the county where he is physically present shall assist him in completing an application or request for restoration; obtain pertinent information, and immediately send the application or request for restoration to the county in which the applicant "lives." The county in which he "lives" shall accept the application and is responsible for determining eligibility and granting aid if eligibility is established.

When the person moves from one county to another to "make his home" (see Section II below) after an application has been signed or restoration requested, but before the county has acted thereon, the county receiving the application shall complete the investigation and authorize aid if eligibility exists and then initiate intercounty transfer with the county in which the recipient is making his home (see Section II below).

B. Applicants in State Hospitals to be Released on Leave or Discharge

If at the time application is to be made the state hospital has determined that within 45 days the patient will be released on leave or discharged and living in a home in a county other than the county from which he was committed to the state hospital, the county in which such home is located is considered to be the county in which the applicant "lives" and that county is responsible for accepting the application, determining eligibility, and granting aid, if eligible. If the plan is for the applicant to live in a home which is located in the county from which he was committed to the state hospital or if plans have not been completed and at the time the application is to be made it is not known where he will live when released, the applicant will be considered to "live" in the county from which he was committed to the institution and that county is responsible for accepting and processing the application.

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II. Intercounty Transfers

For the purpose of Old Age Security, a recipient who has removed to a county other than that paying aid, is considered "to make his home" as referred to in W&IC Section 2200, Item b, in the county to which he has removed.

Exception: When he is in fact maintaining a living place in another county to which he plans to return within four months, he is considered "to make his home" in such other county. The four months starts to run from the date on which the determination is made by the county paying aid that the recipient is "maintaining a home" in that county or in some county other than the county in which he is physically present. If he fails to return to that home within this four months' period, it shall be considered that he has removed to the county in which he is physically present "to make his home."

When it is determined that a recipient has removed to another county "to make his home" intercounty transfer arrangements are initiated.

A. Definitions

First County - The county currently paying aid.

Second County - County to which the recipient removes to make his home.

Third County - Any subsequent county to which the recipient removes to make his home prior to discontinuance of aid by first county.

Transfer Period - The period during which the first county remains responsible for payment of aid.

Expiration of Transfer Period - The end of the month in which the sixtieth day after notification to the second or third county occurs.

The 60-day period begins on the day following that on which the first county completes Form ABCD 215, Notification of Transfer. When the sixtieth day falls on Sunday or a legal holiday, the following day is considered the last day of the 60-day period.

Exception: The transfer period expires at the end of the month in which aid is discontinued for cause.

Date of Notification - The date the first county completes Form ABCD 215 to be sent to a second or third county.

B. Responsibility for Payment of Aid

There shall be no interruption or overlapping in payment of aid as a result of a recipient moving from one county to another to make his home. The

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first county is responsible for continuing payment of aid until the "transfer period," as defined in Section II-A above, expires, at which time the county in which the recipient is "making his home" becomes responsible.

- Examples:
1. December 28 - Recipient moves to a second county to make his home.
January 6 - The first county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire March 31.
March 31 - The first county discontinues aid.
April 1 - The second county grants aid.
 2. March 17 - Recipient moves to a second county to make his home.
March 27 - First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire May 31.
May 3 - Recipient moves to a third county to make his home.
May 15 - First county cancels transfer to second county, notifies the third county that the recipient has moved there to make his home and initiates intercounty transfer with the third county, the transfer period to expire July 31.
July 31 - First county discontinues aid.
August 1 - Third county grants aid.
 3. The circumstances are the same as in Example 2, except the recipient did not move from the second county to the third county to make his home until June 1, which was after expiration of the "transfer period" to the second county. Although the second county had not yet authorized aid to the recipient when he moved to the third county, they were responsible for such payment, effective June 1. Accordingly, the first county discontinues aid May 31; the second county grants aid June 1 and then initiates intercounty transfer arrangements with the third county.

C. Discontinuance During Transfer Period

Responsibility of the first county ceases when payment of aid is discontinued for cause during the transfer period.

- Exceptions:
1. When aid is discontinued to adjust overpayment in the adjustment period (see Regulation Section A-227.10) and the normal effective date for restoration is prior to the expiration of the transfer period, the first county restores aid and continues payment for the balance of the transfer period.

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If the adjustment will not be completed until the expiration of the transfer period or thereafter, the second (or third) county is notified and the effective date of the transfer adjusted to the first of the month following termination of the adjustment period.

Examples: 1. September 5 - Recipient moves from the first county to the second county to make his home.

September 15- First county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire November 30.

September 20- The first county determines the recipient was overpaid in August and September and that discontinuance in October to adjust the overpayment is in order. The first county discontinues aid September 30 and restores November 1, discontinuing again November 30, at the end of the transfer period.

2. The circumstances are the same as in Example 1, except the overpayment is sufficient that discontinuance for two months is in order. The first county discontinues aid effective September 30 and advises the second county that the adjustment extends through October and November. The second county grants aid December 1.

3. October 15 - Recipient moves to second county to make his home.

October 29 - The first county notifies the second county of the move and initiates intercounty transfer, the transfer period to expire December 31. On November 15 the first county determines the recipient was overpaid in October and November and that discontinuance in December and January is in order to adjust the October and November overpayments. The first county discontinues aid effective November 30 and notifies the second county of the adjustment, which is in order. The second county grants aid effective February 1 following termination of the adjustment period.

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2. When aid is discontinued as a grant offset for overpayment (see Regulation Section A-229.10) and the repayment due will be offset prior to the expiration of the transfer period, the first county restores aid (if the recipient requests it and is found to be otherwise eligible) and continues payment for the balance of the transfer period.

If the repayment due by means of offset will not be completed until the expiration of the transfer period or thereafter, the second (or third) county is so advised and the intercounty transfer canceled. The first county advises the recipient that he may apply again in the second or third county, but aid is not granted by the second or third county prior to completion of the offset initiated by the first county.

3. When aid is discontinued inadvertently or without cause during the transfer period, the first county restores aid and continues payment for the balance of the transfer period.

D. Transfer Procedure

- First County:
1. Notify the second county of the recipient's removal to that county to make his home by Form ABCD 215. Send two copies with Section A completed.
 2. Supply the second county with pertinent information regarding the recipient's removal to the second county to make his home, such additional information and/or documents as are needed to determine continuing eligibility and the amount of grant, a summary of pertinent social information (including a statement of services needed by the recipient and services currently being given to the recipient by the first county), a certified or photostatic copy of the original application (Form Ag 200), copies of the most recent authorization document, Notification to the Recipient (Form Ag 239), and responsible relative forms.
 3. If the recipient moves to a third county to make his home before expiration of the transfer period, the first county shall:
 - a. Cancel the transfer agreement with the second county and initiate transfer proceedings with the third county by use of Form ABCD 215.
 - b. Request the second county to forward to the third county the original application, documents, all information supplied by the first county, and any additional pertinent information secured by the second county.

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- Second County:
1. Determine that the recipient is making his home in that county by a home call, if possible, or by interview elsewhere.
 2. Review all factors of eligibility that may have changed, and provide the first county with any information which might affect eligibility or the amount of the grant during the transfer period.
 3. Complete Section B of the Form ABCD 215 and return one copy to the first county.
 4. Complete any necessary additional investigation and, if the recipient is eligible, authorize aid to be effective on the transfer date.
 5. At the request of the first county, promptly forward pertinent information and documents to a third county.

Third County: The third county shall proceed with transfer arrangements with the first county in the same manner as specified for the second county.

III. Current Caseloads

There shall be no interruption in aid payments occasioned by:

- A. The code amendments cited herein, which, in many cases, change county responsibility for payment of aid; or
- B. The regulations set forth herein to implement the code changes.

The following actions are required in relation to the current caseload effective October 1, 1957:

A. Participation in Aid Payments

Required County Action - The county paying aid shall participate in the Old Age Security payment on all cases effective October 1, 1957 (claims shall be on a "Regular" or when indicated, "Nonfederal" basis with "Noncounty" participation eliminated).

- B. Recipient has removed to a county other than that paying aid to make his home (see Section II above) - transfer arrangements have not been initiated.

Included in this group are:

1. Recipients who, under code and regulations as effective prior to October 1, 1957, would be transferred to another county, but for some reason transfer has not yet been initiated.

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2. Recipients who, because of the change in law eliminating county residence as a basis for determining county responsibility for payment of aid, are no longer the responsibility of the county paying aid; i.e., a person on leave of absence from a state hospital who has removed to and is making his home in a county other than the county paying aid.

Required county action - The county paying aid shall initiate intercounty transfer arrangements, as provided in Section II, D, above, with the county in which the recipient is making his home. The county in which the recipient is making his home shall accept the transfer and grant aid, if eligible, the first of the month following expiration of the transfer period, as defined in Section II, A, above.

- C. Recipient has removed to a county other than that paying aid to make his home (see Section II above) - Transfer arrangements (pursuant to the provisions of W&IC Section 2200, as effective prior to the October 1, 1957, amendments) have been initiated.

("Transfer initiated," as used herein, means the first county has already sent Form AB 215, notifying the second or third county of the recipient's removal thereto.)

Required County Action

First County - (a) Discontinues aid on the previously agreed upon transfer date, or November 30, 1957, whichever is earlier, and

(b) Notifies second county of any change in the discontinuance date as previously agreed upon.

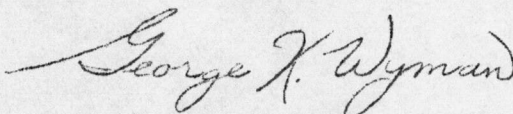
Second County - Grants aid on the previously agreed upon date, or December 1, 1957, whichever is earlier.

IV. Forms

Form ABCD 215, Notification of Transfer, replaces Form AB 215, Notification of Transfer.

Forms AB 204, Applicant's Affidavit of Intent as to Residence; AB 216, Recipient's Affidavit of Residence; AB 217, Notification of Change of County Residence; AB 218, Notice of Effective Date of Transfer, are obsolete, effective October 1, 1957.

Very truly yours,



George K. Wyman
Director

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FILING ADMINISTRATIVE REGULATION
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Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

AUG 23 1957

Division of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: August 22, 1957

By:

George K. Wyman

Director

(Title)

FILED

in the Office of the Secretary of State
of the State of California

AUG 23 1957

At 1:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By:

Edmund J. Ryan
Assistant Secretary of State

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DEPARTMENT BULLETIN NO. 547 (ANB-APSB)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Increase in Aid to the
Blind Grant Notice

An envelope stuffer Aid to the Blind Notice, attached sample, is to be inserted in all envelopes with the September 1957 Aid to the Blind checks.

An adequate supply in printed form of this one-time-use notice is being forwarded to all counties.

Very truly yours,

George K. Wyman
George K. Wyman
Director

Attachment

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Notice to Recipients of Aid to the Blind

A law was passed by the California Legislature which raised the basic need for recipients of Aid to Needy Blind from \$99.00 to \$110.00 a month, as of October 1, 1957.

However, the first \$11.00 of any income (except earnings up to \$50.00 a month) must be applied toward meeting the basic need of \$110.00 a month. Any income in excess of \$11.00 may be applied toward meeting any special needs.

The basic need for Aid to the Partially Self-supporting Blind was also increased to \$110.00 a month, as of October 1, 1957.

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations DEFINITIONS MC-014

MC-010 DEFINITIONS MC-010
MC-011 MEDICAL CARE TRUST FUND MC-011

The fund created by W&IC Sec. 124.5, technically known as the Medical Care Premium Deposit Fund, as well as the county trust fund into which warrants drawn by the State Controller pursuant to W&IC Sec. 4604 are deposited.

MC-012 COMMUNITY RESOURCES MC-012

Public medical or remedial services and facilities which are available, free of charge, to all members of the community; and

Public or private medical or remedial services or facilities to which a recipient is entitled by virtue of other federal or state laws or by virtue of current or past membership in organizations.

MC-013 INCOME RESOURCES MC-013

OAS: All income (including the value of currently used resources) not applied toward special needs as defined in the Manual of Policies and Procedures for Old Age Security.

ANB and APSB: All income (including the value of currently used resources) not exempt from consideration under the ANB or APSB laws, and not applied toward special needs as defined in the Manual of Policies and Procedures for Aid to the Blind.

ANC: No income is available for the purchase of services available through the Medical Care Trust Fund.

MC-014 PRACTITIONER MC-014

A person licensed to practice in California by the Boards of Medical Examiners, Dental Examiners, Osteopathic Examiners or Chiropractic Examiners; or

A person licensed to practice in other states by equivalent boards with respect to services provided California recipients within such other states; or

A person authorized to heal by prayer or spiritual means by a bona fide sect, denomination or organization approved by the State Department of Social Welfare.

CALIFORNIA-SDSW-MANUAL-MC Issue No. 01-1 Effective October 1, 1957

Regulations

MC-015

MC-016

DO NOT WRITE IN THIS SPACE

Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

ELIGIBILITY FOR SERVICE

MC-023

MC-020 WHO ARE ELIGIBLE TO RECEIVE SERVICES

MC-020

Medical and related services and supplies are available under Chapter 1, Part 3, Division 5 of the W&IC to the following:

Recipients of Old Age Security
Recipients of Aid to Needy Blind
Recipients of Aid to Partially Self-supporting Blind Residents
Children included in the family budget unit under the Aid to Needy Children Program
Children in Boarding Homes or Institutions receiving Aid to Needy Children
Needy parents (including incapacitated parents) or needy persons taking the place of parents, living with children receiving Aid to Needy Children

A person who is not receiving aid solely for the reason that aid is withheld to adjust for a previous overpayment is nevertheless entitled to medical care.

A person whose aid is suspended solely for determining the amount of aid he should receive is nevertheless entitled to medical care.

MC-021 PRIORITY OF RESOURCES

MC-021

Income resources shall not be applied to medical or remedial needs if it has been determined that the recipient is entitled to the use of community resources.

The resources of the Medical Care Trust Fund shall not be used to pay for medical or remedial service if it has been determined that the recipient is entitled to the use of community resources or can purchase the service through the use of income resources.

MC-022 FACILITIES

MC-022

Payment from the Medical Care Trust Fund may be made, within the maxima allowed, for services rendered by private practitioners, group practices, public clinics or voluntary clinics, but, insofar as practical, no recipient shall be deprived of free choice of practitioner willing to provide services under the terms of these rules and regulations.

Recipients may be directed to obtain drugs and medical supplies from county owned dispensaries provided such dispensaries are reasonably accessible to the recipients.

MC-023 IDENTIFICATION CARD

MC-023

Each recipient shall be provided with an identification card, whose format and content shall be prescribed by the State Department of Social Welfare, and which card shall be designed to assist the provider of medical or remedial service in determining that the bearer is a recipient of public assistance.

CALIFORNIA-SDSW-MANUAL-MC

Issue No. 02-1

Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.1

MC-030 SCOPE AND LIMITATIONS

MC-030

MC-031 SERVICES AVAILABLE TO ALL RECIPIENTS EXCEPT INCAPACITATED
PARENTS OF CHILDREN RECEIVING AID TO NEEDY CHILDREN

MC-031

MC-031.1 WITHOUT PRIOR AUTHORIZATION

MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or chiropractors) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions and prescribed drugs, required for the relief of pain, or the elimination of acute infection.
- C. Drugs, prescribed by medical or osteopathic practitioners, limited to those contained in the United States Pharmacopeia, the listing of New and Nonofficial Remedies or the National Formulary. Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. Prescriptions should be confined to quantities necessary for the estimated duration of the illness or 30 days, whichever period is shorter. No prescription shall be refillable. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective. Medical supplies (other than items included in the basic allowance of \$4 for medicine chest and commonly used home drug supplies) if prescribed by a practitioner.
- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations to a maximum of five visits for any one illness.

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CALIFORNIA-SDSW-MANUAL-MC

Issue No. 03-1

Effective October 1, 1957

MC-031.2	SCOPE AND LIMITATIONS	Regulations
MC-031.2	WITH PRIOR AUTHORIZATION	MC-031.2
	A. Home and/or office visits from or to practitioners (other than dentists and chiropodists) in excess of three such visits for any one illness or beyond the 90th day from the first visit. B. Any service rendered by chiropodists if such service has been recommended by a physician. C. Drugs not contained in the USP, NNR or NF. D. Elective laboratory services other than urinalysis and blood counts. E. Elective radiological services. F. Elective office surgery. G. Services of private nurses or services of visiting nurse associations in excess of five visits for any one illness. H. Dental care for children aged 5 through 12 years as necessary to prevent tooth loss. I. Complete histories and physical examinations by physicians. J. Services of physical therapists as prescribed by physicians. K. Services of rehabilitation centers meeting the standards of the Bureau of Vocational Rehabilitation.	
MC-032	SERVICES AVAILABLE TO INCAPACITATED PARENT OF CHILDREN RECEIVING ANC	MC-032
	No medical or remedial services shall be available unless prior authorization has been obtained.	
MC-033	DURATION OF PRIOR AUTHORIZATION	MC-033
	A prior authorization shall be valid until notice of cancellation is received from the county welfare department.	
	In case of dental care a period of 10 days from date of cancellation will be allowed for completion of minimum work necessary to avoid liability for malpractice.	

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations SCHEDULE OF MAXIMUM ALLOWANCES MC-040.1

MC-040 SCHEDULE OF MAXIMUM ALLOWANCES MC-040

The following allowances constitute the maximum payment that may be made for the specified service or procedure. No additional charge to the recipient will be permitted.

No payment will be made for any procedure performed in a hospital except for diagnostic laboratory and X-ray services performed as a result of a physician's service in the office or in the patient's home.

No payment will be made for the treatment of Tuberculosis, venereal diseases, mental illness or for maternity care.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

MC-040.1 MEDICAL SERVICES BY PHYSICIANS (M.D. OR D.O.) MC-040.1

VISITS AND EXAMINATIONS

Code		
001	Office visit (first call-routine history and necessary examination)	\$ 8.00
003	First home visit - (for any one illness)	8.00
004	Home visit (where requested and made between 11 p.m. and 8 a.m.)	10.00
005	Home visit - each additional member, same household (maximum total any one visit \$14)	3.00
006	Followup office visit	4.00
007	Followup home visit (\$3 each additional member, maximum total any one visit \$12)	6.00
008	Mileage per mile, one way, beyond radius of 10 miles office or home	.80

(Continued)

CALIFORNIA-SDSW-MANUAL- MC Issue No. 04-1 Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-040.1 SCHEDULE OF MAXIMUM ALLOWANCES Regulations

MC-040.1 (Continued) MC-040.1

SPECIAL MEDICAL PROCEDURES

All of the following require prior authorization except in an emergency when a written report must be submitted.

Code

026	Consultation for given system not requiring complete examination - office or home	\$12.00
027	Consultation requiring complete examination - office or home	28.00
028	Complete history and physical examination - office or home	20.00
029	Office visit necessitating professional care over and above routine office visit	6.00
030	Home visit necessitating professional care over and above routine home visit	10.00
031	Home visit necessitating professional care over and above routine home visit, 11 p.m. to 8 a.m.	12.00
034	Office visit necessitating resurvey of patient as a whole	8.00

ALLERGY

History and Physical Examination covered by 001 - 027.
Laboratory and X-rays covered by Pathology and Radiology Schedules.

ALLERGY TESTING

Allergy tests as an aid in the diagnosis of disease if read and interpreted by a physician. All allergy testing requires prior authorization.

The fee to be based on the type of test as well as the number performed, but with a maximum fee allowable for each disease.

Where two or more allergic diseases are present only one fee will be allowed, that fee to be that of the disease with the highest unit value.

Unit Fee by Type and Number of Tests Performed. (This includes the observation of the tests.)

Scratch or puncture tests, per ten tests	
Minimum - \$4	\$ 4.00
Intradermal tests, per ten tests	
Minimum - \$4	6.00
Patch tests, per one test	
Minimum - \$4	.80
Direct ophthalmic tests, per one test	
Minimum - \$4	1.60
Direct nasal test, per one test	
Minimum - \$4	1.60
Passive transfer tests, per ten tests	
Minimum - \$4	12.00
111 Allergic Rhinitis - seasonal	28.00
151 Conjunctivitis - seasonal	28.00

CALIFORNIA-SDSW-MANUAL- MC Issue No. 04-2 Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-040.2

MC-040.2 SURGERY

MC-040.2

SURGERY

All surgical procedures require prior authorization except in the case of an emergency which must be justified by written report. A separate office visit fee will not be paid for the visit during which procedure was performed. No payment will be made for cosmetic surgery.

The fee paid for procedures indicated by an asterisk include two weeks postoperative care, for all other procedures charge for followup care at per visit rate.

INTEGUMENTARY SYSTEM

Skin and Subcutaneous Areolar Tissue

Incision

0101	Drainage of infected steatoma	\$ 4.00
0102	Drainage of furuncle	4.00
0108	Drainage of carbuncle	4.00
0114	Drainage of subcutaneous abscess (where not specified elsewhere)	4.00
0115	Drainage of pilonidal cyst	4.00
0125	Drainage of onychia or paronychia, with or without complete or partial evulsion of nail	4.00
0130	Incision and removal of foreign body, subcutaneous tissues, simple	8.00
0131	Incision and removal of foreign body, complicated	By report
0140	Drainage of hematoma	4.00
0145	Puncture aspiration of abscess or hematoma	4.00

Excision

0171	Biopsy of skin or subcutaneous tissue	8.00
*0178	Local destruction of small benign neoplastic, cicatricial, inflammatory or congenital lesion, one	12.00
*0180	more than one	16.00
0230	Excision of nail, nail bed or nail fold, partial	8.00

Repair

*0260	Local excision and/or direct repair of essentially round neoplastic, cicatricial, inflammatory or congenital lesion up to 1/8 inch in diameter	12.00
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(Continued)

CALIFORNIA-SDSW-MANUAL- MC

Issue No. 04-3

Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-040.2	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.2 (Continued)		MC-040.2
*0261	1/8 to 3/8 inch in diameter	\$28.00
*0265	Excision and/or direct repair, linear scar or wound up to 1/8 inch wide and 1/2 inch long	12.00
*0266	each additional 1/2 inch	4.00
Burns		
0351	Initial treatment, first degree, where no more than local treatment necessary	6.00
0354	Dressing, initial, without anesthesia, small, office	8.00
0355	without anesthesia, medium (whole face or whole extremity, etc.)	12.00
Destruction		
0401	Cauterization or fulguration of local lesion, single, small, initial	4.00
0402	subsequent	4.00
Breast		
Incision		
0430	Puncture aspiration of cyst	4.00
MUSCULOSKELETAL SYSTEM		
0501	Aspiration biopsy of bone marrow, including sternal puncture	12.00
FRACTURES		
These fees include application of first cast and two weeks postoperative care.		
0686	Nasal, simple closed reduction	20.00
0687	Nasal, compound, closed reduction	40.00
0691	Malar, simple, closed reduction	20.00
0696	Maxilla, simple, closed reduction	20.00
0699	Maxilla, simple or compound, closed reduction, with wiring of teeth	120.00
0703	Mandible, simple, closed reduction	20.00
0740	Clavicle, simple, closed reduction	40.00
(Continued)		

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.2
MC-040.2 (Continued)		MC-040.2
0747	Scapula, simple, closed reduction	\$ 40.00
0752	plus acromial process, simple, closed reduction	60.00
0756	Sternum, simple, nondepressed, closed reduction	40.00
0761	Ribs, simple, strapping	8.00
0762	complicated	By report
0778	Humerus, surgical neck, simple, not requiring manipulation	60.00
0791	Elbow (distal end of humerus, proximal end of radius, proximal end of ulna) condyle only, simple, closed reduction	60.00
0792	one or more bones, simple, closed reduction	60.00
0796	supracondylar	80.00
0798	Radius, head, simple, closed reduction	40.00
0802	shaft, simple, closed reduction, without displacement	40.00
0803	simple, closed reduction with displacement	60.00
0807	distal end, Colles' (including ulnar styloid) simple, closed reduction	60.00
0813	Ulna, shaft, simple, closed reduction	40.00
0820	Radius and ulna, simple, closed reduction	60.00
0827	Carpal bones, one, simple, closed reduction	32.00
0842	Metacarpal, one, simple, closed reduction	28.00
0852	Phalanx or phalanges, one finger, or thumb, simple, closed reduction	20.00
0895	Patella, simple	40.00
0901	Tibia, shaft, simple, closed reduction	60.00
0914	Fibula, shaft, simple, closed reduction	40.00
0926	Tibia and fibula, shafts, simple, closed reduction	80.00
0933	Ankle, bimalleolar (including Potts) simple, closed reduction	80.00
0938	trimalleolar, simple, closed reduction	100.00
0944	Tarsal (except astragalus and os calcis), one, simple, closed reduction	32.00
	(Continued)	

CALIFORNIA-SDSW-MANUAL-MC

Issue No. 04-5

Effective October 1, 1957

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT 5
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-040.2		SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.2 (Continued)			MC-040.2
0955	Astragalus, simple, closed reduction		\$60.00
0961	Os Calcis, simple, closed reduction		60.00
0967	Metatarsal, simple, closed reduction, one		28.00
0980	Phalanx or phalanges, one toe, simple, closed reduction		12.00
1251	Temporomandibular, simple, closed reduction		20.00
1273	Clavicle, sternoclavicular, simple, closed reduction		40.00
1284	Shoulder, (humerus), simple, closed reduction		20.00
1290	Elbow, simple, closed reduction		32.00
1295	Wrist, carpal, one bone, simple, closed reduction		28.00
1304	Metacarpal, one bone, simple, closed reduction		20.00
1315	Finger, one, one or more joints, simple, closed reduction		12.00
1326	Thumb, simple, closed reduction		12.00
1344	Knee (tibia), simple, closed reduction		40.00
1350	Patella, simple, closed reduction		20.00
1355	Ankle, simple, closed reduction		40.00
1361	Tarsal, simple, closed reduction		40.00
1371	Astragalo-tarsal, simple, closed reduction		40.00
1376	Metatarsal, one bone, simple, closed reduction		20.00
1385	Toe, one, simple, closed reduction		12.00
Plaster Casts (Independent Procedure Only)			
1851	Molded plaster to forearm		8.00
1854	elbow to fingers		8.00
1856	hand and wrist		8.00
1860	shoulder to hand		12.00
1862	shoulder spica		20.00
1865	ankle (foot to midleg)		8.00
1867	knee (foot to thigh)		16.00

(Continued)

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.2
MC-040.2 (Continued)		MC-040.2
1871	Ambulatory leg cast	\$12.00
1875	Molded plaster to leg	8.00
	BURSA	
1401	Drainage of infected bursa	12.00
1413	Puncture for aspiration of bursae, initial	8.00
1418	subsequent	6.00
1424	Needling of bursa	8.00
1425	subsequent	6.00
1427	with irrigation of bursa	8.00
1428	subsequent with irrigation of bursa	6.00
1511	Drainage of tendon sheath, infection for acute tenosynovitis, one digit	8.00
1517	Injection of hydrocortone or other medication, tendon sheath, hand	4.00
	RESPIRATORY SYSTEM	
1901	Drainage of nasal abscess	6.00
1905	Drainage of septal abscess	10.00
1911	Biopsy, soft tissue, nose	8.00
1915	Excision of nasal polyp	8.00
1941	Rhinoscopy with removal of foreign body in nose	8.00
1965	Cauterization of turbinates, unilateral or bilateral (independent procedure)	8.00
1971	Control of primary nasal hemorrhage, with cauterization of septum	8.00
1974	with nasal pack	8.00
1981	Antrum puncture, unilateral	8.00
2061	Injection of radiopaque substance into larynx for bronchography, indirect method	12.00
2183	Thoracentesis: puncture of pleural cavity for aspiration, initial	12.00
2186	subsequent	8.00

(Continued)

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS ;
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-040.2	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.2 (Continued)		MC-040.2
CARDIOVASCULAR SYSTEM		
2454	Injection of sclerosing solution into vein of leg, initial, unilateral	\$ 4.00
2461	subsequent, unilateral	4.00
HEMIC AND LYMPHATIC SYSTEMS		
2631	Drainage of lymph node abscess or lymphadenitis	8.00
2641	Biopsy of lymph node	20.00
2644	Excision of lymph node	20.00
DIGESTIVE SYSTEM		
2701	Drainage of sublingual abscess	8.00
2705	Drainage of Ludwig's angina	28.00
2771	Drainage of lingual abscess	8.00
2815	Drainage of alveolar abscess, acute with cellulitis - oral	8.00
2871	Incision and drainage of palate (abscess)	8.00
2961	Dilation of salivary duct; ptyalectasis	8.00
3283	I and D perirectal abscess, office	8.00
3311	Proctosigmoidoscopy, diagnostic, initial	12.00
3312	Subsequent	8.00
3313	with biopsy, initial	20.00
3314	subsequent	12.00
3319	Sigmoidoscopic control of hemorrhage	30.00
3341	Reduction of prolapse of rectum	8.00
3401	Hemorrhoids, injection of sclerosing solution	6.00
3411	Anoscopy, diagnostic	4.00
3413	with biopsy	12.00
3415	with removal of foreign body	12.00
3416	subsequent	4.00

(Continued)

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.2
MC-040.2 (Continued)		MC-040.2
3417	Control of hemorrhage - endoscopic	\$24.00
3588	Peritoneocentesis: abdominal paracentesis, initial	16.00
3590	subsequent	8.00
URINARY SYSTEM		
4031	Dilation of urethral stricture by passage of sound, initial	12.00
4033	subsequent	4.00
MALE GENITAL SYSTEM		
4101	Dorsal or lateral "slit" of prepuce (independent procedure)	12.00
4111	Biopsy of penis	8.00
4191	Puncture aspiration of hydrocele	8.00
4192	subsequent	4.00
4305	Prostate - needle biopsy	8.00
FEMALE GENITAL SYSTEM		
4403	Incision and drainage of abscess of vulva	8.00
4405	Incision and drainage of Bartholin's gland abscess, unilateral	8.00
4421	Biopsy of vulva	8.00
4611	Biopsy of cervix (independent procedure)	8.00
4641	Local excision of lesion of cervix (cauterization or conization)	8.00
4712	Dilation of cervix, instrumental (independent procedure) in office	12.00
4713	subsequent, office	4.00
NERVOUS SYSTEM		
5057	Spinal puncture: lumbar puncture (independent procedure), initial, diagnostic with pressure readings	12.00
5060	Simple spinal puncture	8.00
5062	Cisternal puncture (independent procedure)	12.00

(Continued)

CALIFORNIA-SDSW-MANUAL-MC

Issue No. 04-9

Effective October 1, 1957

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-040.2		SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.2 (Continued)			MC-040.2
		EYE	
5435	Refraction without cycloplegia		\$10.00
5436	with cycloplegia		14.00
5437	Peripheral fields, complete		8.00
5443	Paracentesis of cornea (keratocentesis)		40.00
5445	Removal of foreign body from surface of cornea		4.00
5448	under slit lamp		12.00
5457	Pterygium		80.00
5465	Curettage and cauterization of corneal ulcer		20.00
5466	Iontophoresis of corneal ulcer		20.00
5496	Aspiration of anterior chamber		16.00
5511	Air injection into anterior chamber for chronic glaucoma		60.00
5515	Irrigation and air injection into anterior chamber for chronic glaucoma		60.00
5671	Orbital injection of alcohol for hemorrhagic glaucoma - or intractable pain		40.00
5691	Blepharatomy with drainage of abscess of eyelid		8.00
5692	with drainage of meibomian glands; hordeolum (stye)		8.00
5702	Blepharectomy incision or excision of Meibomian glands (chalazion), single		20.00
5707	Excision of lesion of eyelid, malignant (See 0260 to 0296.)		
5712	Epilation, electrolytic		20.00
5717	Excision of xanthoma (See 0260 to 0296.)		
5728	Cautery puncture for entropion or ectropion		20.00
5731	Blepharorrhaphy: suture of eyelid (See 0265 to 0267.)		
5734	Tarsorrhaphy: suture of tarsal cartilage (See 0265 to 0267.)		
5737	Canthorrhaphy: suture of palpebral fissure of canthus (See 0265 to 0267.)		(Continued)
CALIFORNIA-SDSW-MANUAL-MC		Issue No. 04-10	Effective October 1, 1957

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.2
MC-040.2 (Continued)		MC-040.2
5741	Removal of foreign body from surface of conjunctiva	\$ 4.00
5742	embedded in conjunctiva	8.00
5743	Suture of conjunctiva	12.00
5751	Biopsy of conjunctiva	20.00
5753	Excision of lesion of conjunctiva: cyst	20.00
5801	Drainage of lacrimal gland (abscess)	40.00
5821	Catheterization of lacrimonasal duct, initial	40.00
5835	Closure of punctum by cautery	16.00
5841	Dilation of punctum	8.00
5843	Probing of lacrimonasal duct, initial	12.00
5844	subsequent	6.00
EAR		
5901	Drainage of abscess of auricle (see 0103)	8.00
5903	Drainage of hematoma of auricle	8.00
5905	Drainage of abscess of external auditory canal	8.00
5911	Biopsy of ear	8.00
5931	Otoscopy with removal of foreign body in external auditory canal	8.00
5961	Myringotomy: tympanotomy; plicotomy	8.00
6050	Audiometer testing, any method	6.00
6052	Barany vestibular test	8.00

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MC-040.3		SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.3	RADIOLOGY		MC-040.3
		HEAD AND NECK	
7007	Eye for foreign body		\$12.00
7008	Eye for localization of foreign body		20.00
7010	Mandible		12.00
7012	Mastoids		16.00
7015	Facial bones		16.00
7016	Nasal bones		10.40
7018	Optic foramina		12.00
7020	Paranasal sinuses, regular		13.60
7022	contrast study		13.60
7024	Sella turcica		10.40
7026	Skull, complete study		20.00
7027	partial study		16.00
7028	complete, including paranasal sinuses		30.00
7030	Teeth, single area		1.60
7031	partial examination		8.00
7032	complete examination		12.00
7033	Temporomandibular joints		16.00
7035	Neck for soft tissues		12.00
7037	Sialography		12.00
7038	contrast study		16.00
		CHEST	
7100	Single PA, teleroentgenogram or other		8.00
7101	Complete - stereoscopic postero-anterior, other positions as indicated, with fluoroscopy where indicated		16.00
7102	Kymography		20.00
(Continued)			

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Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.3
MC-040.3 (Continued)		MC-040.3
7103	Special body section radiography	\$20.00
7104	Bronchography	16.00
7105	including installation of contrast substance and anesthesia	28.00
7108	Fluoroscopy	6.00
7110	Ribs	10.40
7112	Sternum	12.00
SPINE AND PELVIS		
7201	Spine, complete	36.00
7204	cervical	12.00
7206	cervical, special oblique and flexion studies	20.00
7207	thoracic	12.00
7210	lumbosacral	12.00
7211	with obliques	16.00
7214	sacro-coccygeal	12.00
7215	lumbosacral, including pelvis	16.00
7217	Pelvis, including hips	9.60
7219	with lateral, both hips	16.00
7220	Sacro-iliacs	16.00
7225	Myelography	32.00
7227	Discogram	24.00
7250	Clavicle	8.00
7251	Scapula	12.00
7252	Shoulder	10.40
7253	Humerus, including one joint	8.00
7254	Elbow	8.00
7255	Forearm, including one joint	8.00

(Continued)

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MC-040.3	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.3 (Continued)		MC-040.3
7256	Wrist	\$ 8.00
7257	Hand	8.00
7258	Fingers	4.00
	LOWER EXTREMITIES	
7300	Hips	12.00
7301	complete, multiple positions	16.00
7303	Femur, including one joint	12.00
7304	Knee	8.00
7305	Leg, including one joint	8.00
7306	Ankle	8.00
7307	Foot	8.00
7308	Toes	6.00
	ABDOMEN	
7350	Plain film study	8.00
7351	Special studies, such as in passage of Miller-Abbott tube, etc.	20.00
7352	Fistula examination with contrast media	16.00
Gastro-intestinal tract:		
7356	Esophagus	13.60
7357	Small bowel studies	24.00
7358	Upper gastro-intestinal tract	24.00
7360	Colon by barium enema	16.00
7361	by barium enema and double contrast	24.00
7363	Gall bladder, plain	8.00
7364	cholecystography	16.00
7365	Cholangiography, operative or postoperative	20.00
7366	including intravenous opaques	28.00

(Continued)

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Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-040.3

MC-040.3 (Continued)

MC-040.3

Urological:

7370	Kidney, ureter and bladder, plain film	\$ 8.00
7372	Pyelography - intravenous	24.00

SPECIAL STUDIES

7450	Reduction of fractures - fluoroscopic assistance	8.00
7452	Localization of foreign body (excepting eye), fluoroscopy and film as indicated	12.00
7453	Foreign body removal - fluoroscopic assistance	12.00
7456	Bone age studies	12.00
7457	Bone length studies (orthoroentgenogram)	12.00
7458	Bone survey	24.00
7466	Body section radiography	20.00
7468	Portable in home (additional charge)	12.00
7475	Examination outside regular hours, additional charge	4.00
7476	Examination at bedside, additional charge	4.00
7478	Consultation on X-ray examination made elsewhere	12.00

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MC-040.4		SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.4 PATHOLOGY			MC-040.4
		BLOOD	
8602	Agglutinations, for febrile diseases, first antigen		\$ 2.40
8603	each additional		1.20
8605	Amylase, blood		6.00
8606	Antistreptolysin titer		4.80
8608	Ascorbic acid		4.80
8609	Basophilic aggregates (L-E cells)		4.00
8611	Bilirubin (Van den Bergh)		4.00
8614	Bleeding time		1.60
8617	Blood culture, aerobic and anaerobic		8.00
8618	definitive		8.00
8620	Blood, red cell count		1.20
8622	hemoglobin determination		1.20
8624	white cell count		1.20
8626	differential count		1.20
8628	complete count		4.00
8634	Bone marrow, collection and examination of material		24.00
8636	examination of material		12.00
8637	Bromides		4.00
8638	Bromsulphalein		6.00
8640	C-reactive protein		4.00
8641	Calcium		4.00
8643	Carbon dioxide combining power		6.00
8644	Congo red		4.00
8646	Cephalin flocculation		4.00
8647	Arterial puncture		4.00
(Continued)			
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Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.4
MC-040.4 (Continued)		MC-040.4
8648 Co2 content arterial blood		\$ 8.00
8650 Chlorides		4.00
8652 Cholesterol		4.00
8654 Cholesterol ester		5.60
8656 Clot retraction		.80
8658 Coagulation time (Lea & White)		2.40
8659 other methods		1.60
8661 Complement fixation tests (Wassermann, etc.,)		4.00
8662 Complement fixation, quantitative		4.00
8664 Creatinine		4.00
8665 Creatinine clearance		6.00
8666 Creatine		4.00
8667 Electrophoresis pattern, protein		8.00
8668 lipoprotein		8.00
8671 Eosinophile count		2.40
8675 Flocculation tests (Kline, Kahn, etc.), each		2.00
8677 Hemoglobin, carbon monoxide		4.00
8678 methemoglobin		4.00
8679 sulphhemoglobin		4.00
8681 Hematocrit		2.00
8684 Heterophile antibody with absorption		6.00
8685 without absorption		4.00
8688 Oxygen saturation, arterial blood		8.00
8689 pH (arterial blood)		8.00
8690 Icterus index		2.00
8691 Lead		12.00
		(Continued)

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MC-040.4		SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.4 (Continued)			MC-040.4
8692	Lipase		\$ 6.00
8693	Lipids, total		4.00
8694	Lipids, phospho		4.00
8695	Nonprotein nitrogen		4.00
8697	O ₂ Content (arterial blood)		8.00
8698	Blood oxygen		8.00
8699	Oxycorticoids		12.00
8700	Phosphatase, acid		6.00
8701	alkaline		6.00
8702	Phosphorus		4.00
8703	pH blood		8.00
8704	Platelet count		2.40
8706	Potassium		6.00
8707	Protein bound iodine		8.00
8708	Prothrombin time, first three, each		4.00
8709	subsequent, each		2.40
8710	Prothrombin utilization		6.00
8711	Red cell fragility		4.00
8713	Reticulocyte count		2.40
8716	Rh titer		4.00
8720	Sedimentation rate		2.00
8722	Smears for parasites (malaria, etc.)		2.40
8724	Sodium		6.00
8726	Sugar		3.20
8728	Sugar tolerance, 3 hours		10.00
8729	5 hours		12.00
8731	Thymol turbidity		4.00
		(Continued)	

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Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.4
MC-040.4 (Continued)		MC-040.4
8733	Total protein	\$ 4.00
8734	and albumin globulin ratio	8.00
8735	Albumin and globulin ratio	4.00
8737	Typing blood	2.40
8738	Rh	2.40
8739	Coombs technique	4.00
8740	Crossmatch saline and albumin	4.00
8741	Urea	4.00
8743	Urea clearance	8.00
8746	Uric acid	4.00
8748	Vitamin A	8.00
8750	Volume, blood (dye method)	4.80
	<u>Feces</u>	
8800	Occult blood	.80
8801	Routine chemical, fat	.80
8802	starch	.80
8803	Routine microscopic, wet preparation (parasites)	3.20
8804	Iron hematoxylin stain	3.20
8805	Routine chemical and microscopic examination, including parasites	8.00
8806	Routine to include complete chemical and microscopic (series of three)	16.00
8809	Quantitative urobilinogen	8.00
8813	Culture for bacteria, screening	4.00
8814	definitive	8.00
	Gastric or Duodenal Contents (Includes Aspiration)	
8820	Gastric contents, sterile technique	4.00
8821	microscopic	2.40
	(Continued)	
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MC-040.4		SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-040.4 (Continued)			MC-040.4
8824	chemical, acid, single		\$ 2.40
8827	chemical, acid, fractional		8.00
8828	chemical, acid, fractional, with histamine		8.00
8829	chemical, pepsin		12.00
8830	tubeless		8.00
8831	Duodenal contents, microscopic		2.40
8835	enzyme determination as ordered, each		6.00
		<u>Spinal Fluid</u>	
8851	Spinal fluid collection		8.00
8853	Routine chemical (Pandy)		.80
8855	Routine microscopic (cell count)		1.20
8857	Routine chemical and microscopic		8.00
8861	Colloidal gold (mastic, carbon, etc.)		2.40
8866	Complement fixation tests for syphilis		2.40
8871	Smear for bacteria		2.40
8873	Culture for bacteria screening		4.00
8874	definitive		8.00
8878	Quantitative chemical tests (see Blood)		
		<u>Sputum</u>	
8881	Smear, direct		2.40
8884	after concentration		4.00
8891	Culture, direct screening		4.00
8892	direct definitive		8.00
8894	after concentration		4.00
8895	for fungus		4.00
(Continued)			
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Regulations SCHEDULE OF MAXIMUM ALLOWANCES MC-040.4

MC-040.4 (Continued) MC-040.4

Tissues

8901	Surgical, gross only	\$ 2.00
8903	gross and microscopic	16.00
8907	frozen section (includes permanent section)	24.00
8911	culture for bacteria screening	4.00
8912	culture for bacteria, definitive	8.00
8917	Cytologic study (Papanicolaou smear)	12.00
8918	gastric or pepsin	16.00

Urine

8930	Routine chemical, qualitative	.80
8931	Quantitative sugar	1.20
8932	Routine microscopic	.80
8933	Bence-Jones protein	.80
8934	Complete routine (chemical and microscopic)	1.60
8935	Quantitative functional (Addis)	4.00
8936	Concentration and dilution tests	1.60
8937	Sugar fermentation	.80
8938	Phenosulfonphthalein	4.00
8939	Porphyrins, qualitative	4.00
8940	quantitative	10.00
8941	Smear for bacteria	2.40
8942	Porphobilinogen	2.40
8943	Culture for bacteria screening	4.00
8944	Lead, quantitative	12.00
8945	Culture for bacteria, definitive	8.00
8946	Quantitative calcium (Sulkowitch)	1.20

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MC-040.4 SCHEDULE OF MAXIMUM ALLOWANCES		Regulations
MC-040.4 (Continued)		MC-040.4
8947	Bile pigments	\$ 1.20
8948	Quantitative chemical examination (see Blood)	
8949	24-hour calcium	4.00
<u>Miscellaneous</u>		
8950	Electroencephalogram	20.00
8951	Antibiotic sensitivity, per antibiotic (pyrogenic)	1.60
8953	Autogenous vaccine	12.00
8956	Basal metabolic rate	4.80
8957	Electrocardiogram, with interpretation and report	10.00
8958	without interpretation and report	4.00
8959	interpretation and report only (tracing not done by interpreting physician)	6.00
8960	exercise test, with interpretation and report	14.00
8967	Urinary 17-ketosteroids	10.00
8968	11-oxysteroids	12.00
8969	gonadotropins	12.00
8970	Residual air determination	By report
8971	Bronchspirometry (See 2126.)	20.00
8972	Exclusion test for pheochromocytoma (Regitine, etc.)	6.00
8973	Direct smear without stain	1.60
8974	Miscellaneous smear for bacteria with stain	2.40
8976	Miscellaneous culture for bacteria screening	4.00
8978	Miscellaneous animal inoculation for bacteria	10.00
8979	Miscellaneous culture for bacteria definitive	8.00
8983	Vital capacity	2.40
8987	Skin tests with bacterial extracts (each) (Brucella, Frei, Tuberculin, etc)	3.20
(Continued)		
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Regulations	SCHEDULE OF MAXIMUM ALLOWANCES	MC-040.4
MC-040.4 (Continued)		MC-040.4
8988	Venous pressure	\$ 4.00
8989	Circulation time	4.00
8991	Stone analysis, qualitative	4.00
8992	quantitative	12.00
8994	Transudates and exudates, microscopic (see 8903)	
8995	Culture screening	4.00
8996	definitive	8.00
8997	Animal inoculation	10.00
8998	Chemical (see Blood)	
8999	Ventilation studies, complete (respirometer), including spirogram, timed vital capacity, maximal breathing capacity, with interpretation and report	12.00

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MC-041

SCHEDULE OF MAXIMUM ALLOWANCES

Regulations

MC-041 SERVICES BY PUBLIC OR VOLUNTARY CLINICS

MC-041

Maximum payments allowable for services rendered in public or voluntary clinics is limited to 75 percent of the allowances contained in Sections MC-040.1, MC-040.2, MC-040.3 and MC-040.4.

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Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-042

MC-042 DENTAL SERVICES

MC-042

1. Examination and completion of treatment planning form \$ 6.00
2. Roentgenograms:
- Single film 2.00
 - Additional films (up to and including a total of 13 films) each 1.00
 - Entire denture series consisting of at least 14 films 10.00
 - Intra-oral, occlusal view, maxillary or mandibular, each 2.00
 - Superior or inferior maxillary, extra oral, one film 5.00
 - Superior or inferior maxillary, extra oral, two films 7.50
3. Professional visits to bedside 6.00
4. Special consultation fee, necessity to be shown 10.00
5. Prophylaxis treatment (to include scaling and polishing teeth) 6.00
6. Topical application of sodium fluoride (series of four treatments) 20.00
7. Periodontia treatment 6.00
8. Removal of hypertrophied gingival areas (polyps) 3.00
9. Microscopic examination 5.00
10. Emergency treatment, palliative 4.00
11. AgNO₃ application. Fluoride paste or other medication to a tooth surface to inhibit caries or to desensitize the area 2.00
12. Office visit for treatment and observation of injuries to teeth and supporting structure, other than placement of steel, crown, pulpotomy, etc. 3.00
13. Vitality test with pulp tester 3.00
14. Extractions:
- Single with local anesthesia 5.00
 - Each additional tooth 4.00
 - Impacted teeth 15.00-
 - Supernumerary teeth 40.00
 - 15.00-
 - 40.00
15. Penicillin injection:
- 300,000 u- aqueous procaine 2.00
 - 600,000 u- aqueous procaine 3.00
 - Bicillin 1,200,000 u 4.00

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MC-042	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-042	(Continued)	MC-042
16.	Anesthetics: General	\$10.00
17.	Pulpal therapy:	
	Pulp capping	5.00
	Therapeutic pulpotomy	12.00
	Vital pulpotomy	10.00
	Extirpation of pulp, treatment, filling root canal, roentgenogram	25.00
	Apicoectomy	25.00
18.	Amalgam fillings:	
	Cavities involving one-tooth surface	6.00
	Cavities involving two-tooth surfaces	9.00
	Cavities involving three or more tooth surfaces	12.00
19.	Gold fillings or inlays:	
	Cavities involving one-tooth surface	18.00
	Cavities involving two-tooth surfaces	28.00
	Cavities involving three or more tooth surfaces	32.00
20.	Silicate cement fillings	7.00
	Acrylic or plastic fillings	9.00
21.	Crowns:	
	Acrylic Jacket	55.00
	Porcelain Jacket	60.00
	Gold:	
	One or two piece, with swaged cusps:	
	Molar	25.00
	Bicuspid	25.00
	Cuspid or incisor	25.00
	With heavy cast cusps or all cast:	
	Molar	35.00
	Bicuspid	35.00
	Cuspid or incisor	35.00
	Three-quarter, any tooth	35.00
	Stainless steel:	
	Primary tooth	15.00
	Permanent tooth	17.50

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Regulations SCHEDULE OF MAXIMUM ALLOWANCES MC-042

MC-042 (Continued)

MC-042

22. Bridge work:

Abutments (See Crowns and Inlays)

Pontics:

Cast gold, posterior (Sanitary)

\$ 25.00

Gold and porcelain:

Steele's facing type

30.00

Tru-Pontic type

35.00

Removable: One piece casting, gold or chrome cobalt

Alloy clasp attachment (all types)

23.00

Pontic (including tooth)

23.00

23. Recementing:

Inlay

3.00

Crown

3.00

Bridge

7.00

24. Repairs, Crowns and Bridges:

Replace broken pin facing with Bryant repairs

10.00

Replace broken pin facing with Steele's repairs

12.00

Replace broken Steele's facing where post backing is intact

6.00

Replace broken Steele's facing where post on backing is broken

12.00

25. Dentures:

Full upper or lower: Acrylic

100.00

Partial upper or lower without clasps: Acrylic

62.00

Partial upper or lower with two gold or chrome cobalt alloy clasps: Acrylic

105.00

Partial lower with gold or chrome cobalt alloy lingual bar and two clasps: Acrylic

125.00

Partial upper with gold or chrome cobalt alloy palatal bar and two clasps:

Acrylic

125.00

Clasps, additional, gold or chrome cobalt alloy

18.00

Denture adjustment

3.00

26. Repairs, Dentures, Acrylic:

Broken denture, repairing (no teeth involved)

10.00

Broken denture, repairing and replacing broken teeth:

Each tooth, additional

5.00

Replacing broken teeth on denture only:

First tooth

10.00

Each additional tooth

5.00

Adding teeth to partial denture to replace extracted natural teeth:

First tooth

18.00

Each additional tooth

5.00

Replacing clasp on denture, clasp intact

10.00

Replacing broken clasp on denture with new clasp

20.00

27. Fixed space maintainer

50.00

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MC-042	SCHEDULE OF MAXIMUM ALLOWANCES	Regulations
MC-042	(Continued)	MC-042
28.	Removable acrylic space maintainer:	
a.	With stainless steel round wire rests only	\$40.00
b.	Stainless steel clasps and/or activating wires in addition, per wire or clasp	5.00
c.	Office visit for: Observation, adjustment, and activation, per visit	3.00
d.	Study models	5.00
29.	Removable inhibiting appliance to correct thumb sucking	40.00
a.	Office visit for: Observation, adjustment, and activation, per visit	3.00
30.	Fixed or cemented inhibiting appliance to correct thumb sucking	40.00
a.	Office visit for: Observation, adjustment, and activation, per visit	3.00

DO NOT WRITE IN THIS SPACE

Regulations

PROCEDURAL REQUIREMENTS

MC-052

MC-050 PROCEDURAL REQUIREMENTS

MC-050

MC-051 RECIPIENTS

MC-051

Whenever a recipient requests medical or related care from a vendor he shall exhibit the identification card issued him under Sec. MC-023, Identification Card.

The recipient shall sign, on forms prescribed by the SDSW, indicating that services or supplies were received by him.

MC-052 VENDORS

MC-052

It is the vendor's responsibility to obtain prior authorization from the county welfare department before providing services or supplies listed in Sec. MC-031.2. Authorization shall be requested on forms prescribed by the SDSW.

No later than the 10th day of the month following the month of service vendors shall submit, to the county welfare department, statements of services rendered. With respect to services for which the department has executed an agreement with a fiscal agent, vendors shall submit statements of services rendered to such fiscal agent. These statements shall be submitted on forms prescribed by the SDSW. Each statement shall carry the vendor's certification that the charge, within the maximum allowed under Chapter MC-04, constitutes the only charge made for the service rendered.

Physician's who prescribe drugs and medical supplies shall use blanks prescribed by the SDSW.

Pharmacists may not fill prescriptions beyond the seventh day from date of issue, and may not refill any prescription. A carbon copy of each prescription, signed by the recipient, shall accompany the statement submitted to the county welfare department.

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Effective October 1, 1957

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-053

PROCEDURAL REQUIREMENTS

Regulations

MC-053 COUNTIES (AND FISCAL AGENTS INsofar AS APPLICABLE)

MC-053

Each county shall have available to it a full- or part-time medical consultant (M.D. or D.O.) who, under the direction of the county welfare director, shall authorize, or recommend authorization of, the services listed in Section MC-031.2.

For the authorization of complete dental care to children aged 5 through 12 years the county shall avail itself of dental consultation.

Counties in whose behalf the SDSW has executed an agreement with a fiscal agent shall supply the fiscal agent with such information as the SDSW finds necessary for the fiscal agent to render the services specified in the agreement.

All statements received from vendors shall be audited to determine:

- A. That recipient was eligible at time of service
- B. That statement was fully completed
- C. That authorization, if necessary, was obtained
- D. That charges for service are within the maxima permitted under Chapter MC-04.

The following, if found proper for payment, shall be paid solely from the Medical Care Trust Fund:

1. Statements from pharmacists
2. Statements for services rendered recipients of ANC.

With respect to statements for services (other than by pharmacists) rendered to recipients of OAS, ANB or APSB a determination shall be made if the amount of the statement can be allowed as a special need; if so, a money payment authorization shall be processed. The supplemental aid warrant shall be accompanied by a transmittal form prescribed by the SDSW, a copy of which transmittal shall be sent to the vendor.

If the full amount of the statement can not be paid from the cash award to the recipient, payment shall be made in the full amount to the vendor from the Medical Care Trust Fund.

Payment for medical or remedial services or supplies shall be made within 30 days from the date of receipt of statement.

Payments to vendors shall be accompanied by a transmittal form prescribed by the SDSW, a copy of which transmittal shall be sent to the recipient.

CALIFORNIA-SDSW-MANUAL-MC

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